07/14/2006 12:38

Image# 26950246361

### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

		For C	tne	r inan An	Autnoriz	ea Comm	ittee		Office Us	se Only	
1.				IAILING LAI DR PRINT 🗑		xample:If typ ver the lines	ing, type				
L	American Association of Ortho		sts Po	litical Action	Committee						
Ш				1 1 1 1							
AD	DRESS (number and street)	401	N. L	indbergh Blv	d 		1 1 1 1				
г	Check if different	Ш	ш								
L	than previously reported. (ACC)	St.	Louis					MO	6	3141	
2.	FEC IDENTIFICATION NUM	BER	*		CITY 🛕			STATE	<b>A</b>	ZIPCOD	E 🛕
	C00293910				3. IS THIS REPOR		NEW (N) <b>OR</b>		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b	-	oort	Feb 20 (M	2)	May 20 (M5	)	Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Due On:			3)	Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15				Apr 20 (M	1)	Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
	Quarterly Report(Q1)  X July 15 Quarterly Report(Q2)	(c)		(c) 12-Day		Primary (1	12P)	Ge	neral (12G)	$\overline{\Box}$	Runoff (12R)
				PRE-Election	on		· .	=	,		(
	October 15 Quarterly Report(Q3	3)		Report for t	ne.	Conventio	on (120)	Sp	ecial (12G)		
	January 31 Quarterly Report(YE	≣)			Election on					in the State of	f
	July 31 Mid-Year Report(Non-election Year Only) (MY)	1	(d) 30-Day Post -El			General (3	30G)	Ru	noff (30R)		Special (30S)
	Termination Report (TER)			·	Election on					in the State of	f
5.	Covering Period 0 4		0 1	200	6	through	h 06	3 (	2006		
l ce	ertify that I have examined this F	•			my knowledg	e and belief it	t is true, correc	t and com	plete.		
Тур	oe or Print Name of Treasurer	Ja	mes	R. Bowlin							
Sig	nature of Treasurer Electron	nically F	-iled ŀ	oy James	R. Bowlin			Date	07 14	4	2006
NO	TE : Submission of false, erron	eous,	or inc	omplete infor	mation may s	subject the pe	erson signing t	his Report	to the penalties	of 2 U.S	S.C 437g.
	Office Use								I	FORI	

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

R	eport Covering the Period: From:	01 2006	To: 0 6 3 0 Y Y Y Y Y
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand  January 1  Y2006		152495.27
	(b) Cash on Hand at Begining of Reporting Period	135374.77	
	(c) Total Receipts (from Line 19)	64662.50	103080.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	200037.27	255575.27
	Total Disbursements (from Line 31)	32714.10	88252.10
	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	167323.17	167323.17
	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE** OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

2006

м м 0 6

2006

0.00

103080.00

103080.00

Write or Type Committee Name

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c)) .....

(subtract Line 18(c) from Line 19) .....

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

American Association of Orthodontists Political Action Committee

м м 0 4

0 1 3<sup>D</sup>0 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 46045.00 65045.00 (i) Itemized (use Schedule A) .......... 13617.50 33035.00 (ii) Unitemized ..... (iii) TOTAL (add 59662.50 98080.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 59662.50 98080.00 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 5000.00 5000.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ......

0.00

64662.50

64662.50

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		5.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	1664.10	1664.10
Expenditures(c) Total Operating Expenditures	1001.10	1001.10
(add 21(a)(i), (a)(ii) and (b))	1664.10	1664.10
Transfers to Affiliated/Other Party Committees	0.00	0.00
B. Contributions to Federal Candidates/Committees and Other Political Committees	31000.00	56250.00
. Independent Expenditure		
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
. Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements	50.00	30338.00
. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	32714.10	88252.10
. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii)	20714.10	00050 40
from Line 31)	32714.10	88252.10

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	59662.50	98080.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	59662.50	98080.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1664.10	1664.10
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1664.10	1664.10

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / /2		
ITEMIZED RECEIPTS			or each category of the	(check only one)  X 11a  11b  11c  12		
			Detailed Summary Page	13 14 15 16 17		
Any i	nformation copied from such Reports and State commercial purposes, other than using the nar	ements may me and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
\ N	AME OF COMMITTEE (In Full)					
\	merican Association of Orthodontists Po	olitical Ac	tion Committee			
_	ull Name (Last, First, Middle Initial) r. John C. Aamodt			Date of Receipt		
M	ailing Address 1329 Fairmount Ave			0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
С	ity	State	Zip Code	Transaction ID: R13917		
<u>S</u>	t. Paul	MN	55105	Amount of Each Receipt this Period		
	EC ID number of contributing deral political committee.	C		250.00		
N S	elf-Employed	Occupation Orthodon		Credit Card		
R	eceipt For:		Year-to-Date ▼	1		
	Primary General Other (specify) ▼	33 13	250.00			
	ull Name (Last, First, Middle Initial) r. David O. Adame			Date of Receipt		
М	ailing Address 2409 El Encino Dr	06 30 / Y Y Y Y Y				
С	ity	State	Zip Code	Transaction ID: R13920		
M	lission	TX	78574	Amount of Each Receipt this Period		
	EC ID number of contributing deral political committee.	C		250.00		
N S	elf-Employed 1	Occupation		Credit Card		
_		Orthodon				
K	eceipt For:  Primary General	Aggregate	Year-to-Date ▼			
	Other (specify) ▼		250.00			
	ull Name (Last, First, Middle Initial) r. Clifford L. Anzilotti			Date of Receipt		
M	ailing Address 4 Hilloch Ln			06 30 7 2006		
С	ity	State	Zip Code	Transaction ID: R13914		
<u>C</u>	hadds Ford	PA	19317	Amount of Each Receipt this Period		
	EC ID number of contributing deral political committee.	C		250.00		
N S	elf-Employed 1	Occupation Orthodon		Credit Card		
R	eceipt For:		Year-to-Date ▼	1		
	Primary General Other (specify) ▼		250.00			
SUE	STOTAL of Receipts This Page (optional)			750.00		
ד חד	• This Period (last nage this line number only	v)				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 72		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12		
Γ.	by information against from a tab Departs and Ctate	manta mai	r not be cold or used by any name	13 14 15 16 17		
or	ny information copied from such Reports and States for commercial purposes, other than using the nam	ne and add	rnot be sold or used by any perso Iress of any political committee to	os solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	American Association of Orthodontists Po	olitical Ac	tion Committee			
Α.	Full Name (Last, First, Middle Initial)  A. Dr. Thomas Arkle, III			Date of Receipt		
	Mailing Address 5310 Mirabell Rd			06 29 2006		
	City	State	Zip Code	Transaction ID: R13787		
	Charlotte	NC	28226	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			250.00		
	Self-Employed	Occupation Orthodon		Credit Card		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1 1	250.00	1		
	Other (specify) ▼	0 0	250.00			
	Full Name (Last, First, Middle Initial)			Dete of Descipt		
В.	Dr. Deborah Bassham  Mailing Address 20111 Galen Dr	Date of Receipt				
	Mailing Address 20111 Galett Dr			06 30 2006		
	City	State	Zip Code	Transaction ID: R13924		
	Abingdon	VA	24211	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.	<u> </u>				
	Name of Employer Self-Employed	Occupation	1	Credit Card		
	Self-Employed (	Orthodon	tist			
		Aggregate	Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify)	0 0		1		
C.	Full Name (Last, First, Middle Initial) Dr. Peter F. Bayer			Date of Receipt		
	Mailing Address 257 Miracle Strip Pkwy W			M M / D D / Y Y Y Y		
	City	State	Zip Code	0 6 3 0 2 0 0 6 Transaction ID: R13889		
	Mary Esther	FL	32569	Amount of Each Receipt this Period		
	FEC ID number of contributing		02000			
	federal political committee.	С		250.00		
	Name of Employer Self-Employed	Occupation	1	Check		
		Orthodon				
		Aggregate	Year-to-Date ▼	_		
	Primary General Other (specify)		250.00			
	Cities (Specify)	0 0	0 0 0 0 0 0 0	1		
	<u> </u>					
s	UBTOTAL of Receipts This Page (optional)			750.00		
Г						
I T	OTAL This Period (last page this line number only	') ('				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 72		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17		
Δn	y information copied from such Reports and Sta	tements may	not he sold or used by any nerso			
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
$\geq$	American Association of Orthodontists F	Political Ac	tion Committee			
A.	Full Name (Last, First, Middle Initial) Dr. Michael G. Behnan			Date of Receipt		
	Mailing Address 5639 Carrollton Ct			06 30 2006		
	City	State	Zip Code	Transaction ID: R13921		
	Rochester Hills	MI	48306	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card		
	Receipt For:	1	Year-to-Date ▼			
	Primary General	00 0				
	Other (specify)	0 0	250.00			
В.	Full Name (Last, First, Middle Initial) Dr. Michelle L. Bergsrud			Date of Receipt		
	Mailing Address 5008 Woodhurst Ln			06 23 7 2006		
	City	State	Zip Code	Transaction ID: R13749		
	Minnetonka	MN	55345	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card		
	Receipt For:		Year-to-Date <b>V</b>			
	Primary General	7 tggi ogato				
	Other (specify)		250.00			
C.	Full Name (Last, First, Middle Initial) Dr. Michael J. Bernard			Date of Receipt		
	Mailing Address 1670 Ashford Cir NE			06 30 YYYYY 2006		
	City	State	Zip Code	Transaction ID: R13894		
	North Canton	OH	44720	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Self-Employed	Occupation Orthodon		Check		
	Receipt For:		Year-to-Date <b>V</b>	1		
	Primary General Other (specify) ▼	0 0	400.00			
	UDTOTAL of Descints This Description II			750.00		
S	UBTOTAL of Receipts This Page (optional)		······			
TOTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/72			
	EMIZED RECEIPTS		or each category of the	(check only one)			
			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17			
An	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions			
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.			
$\sqrt{}$	NAME OF COMMITTEE (In Full)						
/	American Association of Orthodontists F	Political Ac	tion Committee				
۸.	Full Name (Last, First, Middle Initial) Dr. Sheila Birth	a Birth					
	Mailing Address 2802 Summertree Ln			06 29 7 2006			
	City	State	Zip Code	Transaction ID: R13817			
	Colleyville	TX	76034	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer Self-Employed	Occupation Orthodor		Credit Card			
	Receipt For:	l	Year-to-Date ▼	_			
	Primary General	33 0 11		1			
	Other (specify) ▼		400.00				
3.	Full Name (Last, First, Middle Initial) Dr. Jimmy C. Boley	Date of Receipt					
	Mailing Address 1106 High Vista Ln			06 30 7 2006			
	City	State	Zip Code	Transaction ID: R13888			
	Richardson	TX	75080	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self-Employed	Occupation		Check			
		Orthodor					
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	, [			
	Other (specify)		250.00				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Pete N. Bougas, Jr.			Date of Receipt			
	Mailing Address 1231 Gulfport Run			M M / D D / Y Y Y Y			
	City	State	Zip Code	0 6 2 3 2 0 0 6  Transaction ID: R13748			
	Grayson	GA	30017	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	С		250.00			
	Name of Employer Self-Employed	Occupation Orthodor		Credit Card			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		350.00				
	Other (specify) ▼		0.00.00				
s	UBTOTAL of Receipts This Page (optional)			750.00			
_							
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 72		
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a	
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)		, pomos o		
$\rangle$	American Association of Orthodontists	tion Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. John J. Brady, Jr.			Date of Receipt	
	Mailing Address 22 Providence Rd			06 29 2006	
	City	State	Zip Code	Transaction ID: R13814	
	Hazleton	PA	18202	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation Orthodor		Credit Card	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00		
В.	Full Name (Last, First, Middle Initial) Dr. Robert E. Brossman			Date of Receipt	
	Mailing Address 115 Oakmont Hills			06 30 2006	
	City	State	Zip Code	Transaction ID: R13900	
	Wheeling	WV	26003	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation Orthodor		- Check	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	Full Name (Last, First, Middle Initial)				
C.	Dr. Mark A. Burbey			Date of Receipt	
	Mailing Address 1411 Cowling Bay Rd			06 30 2006	
	City	State	Zip Code	Transaction ID: R13911	
	Neenah	WI	54956	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation Orthodor		Credit Card	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
s	UBTOTAL of Receipts This Page (optional)			750.00	
TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / /2
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
Any information copied from such Reports and Sta	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the r	ame and add	aress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Association of Orthodontists	Political Ad	ction Committee	
Full Name (Last, First, Middle Initial) Dr. John F. Buzzatto			Date of Receipt
Mailing Address 4012 Letort Lane			06 / 27 / 4 2006
City	State	Zip Code	Transaction ID: R13766
Allison Park	PA	15101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		Credit Card
Receipt For:	Aggregate	e Year-to-Date ▼	7
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Holly R. Cantrell			Date of Receipt
Mailing Address 127 Woodfield Way		06 30 / 906	
City	State	Zip Code	Transaction ID: R13890
Cornelia	GA	30531	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupatio Orthodor		Check
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  Dr. Ronald J. Carr			Date of Receipt
Mailing Address 20 Santa Fe PI			06 29 7 2006
City	State	Zip Code	Transaction ID: R13809
<u>Odessa</u>	TX	79765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		Credit Card
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number o	nly)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMB	BER: PAGE 12/72
	EMIZED RECEIPTS		or each category of the	(check only one)	. 🗆 🗖
•			Detailed Summary Page	X 11a 11	
Δn	v information conied from such Reports and State	ements may	not he sold or used by any nerso		
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions f	from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Association of Orthodontists P	olitical Ac	tion Committee		
۸.	Full Name (Last, First, Middle Initial) Dr. William R. Caryl, Jr.			Date of Receip	ot
	Mailing Address 101 Turquoise Tr			06	29 2006
	City	State	Zip Code	Transaction ID	
	Syracuse	NY	13219	Amount of Eac	ch Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card	
	Receipt For:		Year-to-Date ▼	7	
	Primary General Other (specify) ▼		250.00		
_	Full Name (Last, First, Middle Initial)				
5.	Dr. Albert Phillip Cavallari  Mailing Address 387 High St				D / Y Y Y Y
	0"		7' 0 1	0 6	30 2006
	City	State	Zip Code	Transaction ID	
	Lockport	NY	14094	Amount of Eac	ch Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-Employed	Occupation	ı	Credit Card	
		Orthodon			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
 C.	Full Name (Last, First, Middle Initial) Dr. Louis G. Chmura			Date of Receip	ot
	Mailing Address 604 Laura Ln			M M / D	
	City	State	Zip Code	Transaction ID	
	Marshall	MI	49068		ch Receipt this Period
	FEC ID number of contributing				· · · · · · ·
	federal political committee.	C		Credit Card	250.00
	Name of Employer Self-Employed	Occupation Orthodon		Oredit Gard	
	Receipt For:	Aggregate	Year-to-Date ▼	7	
	Primary General Other (specify) ▼	0 0	250.00		
SI	UBTOTAL of Receipts This Page (optional)				750.00
			-		
T	OTAL This Period (last page this line number onl	y)	<b></b>		

S	CHEDULE A (FEC Form 3X)		Llea congrete achadula(a)	FOR LINE NUMBER: PAGE 13 / 72		
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
	LIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
Λ.	ny information conic different control December 10:		not be cold an usual transmission	13 14 15 16 17		
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	me and add	rnot be sold or used by any perso Iress of any political committee to	solicit contributions from such committee.		
$\overline{}$	NAME OF COMMITTEE (In Full)					
$\rangle$	American Association of Orthodontists Po	olitical Ac	tion Committee			
۹.	Full Name (Last, First, Middle Initial) Dr. Brenda Chockley			Date of Receipt		
	Mailing Address 6805 E 117th PI S			06 30 7 2006		
	City	State	Zip Code	Transaction ID: R13926		
	Bixby	OK	74008	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Self-Employed	Occupation Orthodon		Credit Card		
	Receipt For:		Year-to-Date ▼			
	Primary General		250.00			
	Other (specify) ▼	0 0	1 1 1 1 1 1 1			
3.	Full Name (Last, First, Middle Initial) Dr. Harold J. Cohen	Date of Receipt				
	Mailing Address 7915 Starburst Dr			06 30 7 2006		
	City	State	Zip Code	Transaction ID: R13882		
	Baltimore	MD	21208	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Self-Employed 1	Occupation		Check		
		Orthodon		_		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify) ▼		250.00			
).	Full Name (Last, First, Middle Initial) Dr. Ronald A. Cohen			Date of Receipt		
	Mailing Address 526 Twin Eagles Lvd			06 29 2006		
	City	State	Zip Code	Transaction ID: R13784		
	Fort Wayne	IN	46748	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Colf Employed *	Occupation Orthodon		Credit Card		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	· · ·	250.00			
	Other (specify) ▼	0 0	250.00			
s	UBTOTAL of Receipts This Page (optional)			750.00		
			·			
T	OTAL This Period (last page this line number only	y)	<b>&gt;</b>			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 72			
ITEMIZED RECEIPTS			or each category of the	(check only one)			
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Δη	v information copied from such Reports and Sta	otomonte may	y not be cold or used by any perso		17		
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.			
$\setminus$	NAME OF COMMITTEE (In Full)						
$\rangle$	American Association of Orthodontists	Political Ac	tion Committee				
A.	Full Name (Last, First, Middle Initial) Dr. Mark S. Coican			Date of Receipt			
	Mailing Address 1830 Lueber Rd			06 30 2006			
	City	State	Zip Code	Transaction ID: R13874			
	Malabar	FL	32958	Amount of Each Receipt this Period	_		
	FEC ID number of contributing federal political committee.	C		150.00			
	Name of Employer Self-Employed	Occupation Orthodon		Check			
	Receipt For:	Aggregate	Year-to-Date ▼	7			
	Primary General		250.00				
	Other (specify) ▼	0 0	230.00				
В.	Full Name (Last, First, Middle Initial) Dr. Mark Collons			Date of Receipt			
	Mailing Address 4310 Cherry Hills Lane	06 23 7 2006					
	City	State	Zip Code	Transaction ID: R13726			
	Tarzana	CA	91356	Amount of Each Receipt this Period	_		
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self-Employed	Occupation	1	Check			
	Self-Employed	Orthodon	tist				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		250.00				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Philip J. Corbin			Date of Receipt			
٥.	Mailing Address 2605 Lipscomb			M M / D D / Y Y Y Y			
				06 29 2006			
	City	State	Zip Code	Transaction ID: R13842			
	Amarillo	TX	79109	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Self-Employed		Occupation Orthodon		Credit Card			
	Receipt For:	Aggregate	Year-to-Date ▼	7			
	Primary General		050.00				
	Other (specify) ▼		250.00				
s	UBTOTAL of Receipts This Page (optional)			650.00	]		
	1 -3- (-1 2)		<u> </u>		٦		
T	OTAL This Period (last page this line number o						

SI	CHEDULE A (FEC Form 3X)	ſ		FOR LINE	NUMBER:	PAGE 15/72	
			Use separate schedule(s) or each category of the	(check only one)			
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c 12	
				13	14	15 16 17	
Ar or	ny information copied from such Reports and Statemen for commercial purposes, other than using the name a	nts may and add	not be sold or used by any perso lress of any political committee to	n for the purp solicit contrib	ose of solici utions from	ting contributions such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)						
$\rangle$	American Association of Orthodontists Politic	cal Act	tion Committee				
۹.	Full Name (Last, First, Middle Initial) Dr. David Cortopassi			Date of	Receipt		
	Mailing Address 6 Christina Cir			0 6	29	2006	
	•	tate	Zip Code	Transac	tion ID: R	13833	
	Wheaton IL	_	60187	Amount	of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.	;				250.00	
	Self-Employed	cupation thodon		Credit C	ard		
			Year-to-Date ▼	_			
	Primary General Other (specify) ▼	3 - 3	250.00				
 3.	Full Name (Last, First, Middle Initial) Dr. Joseph M. Crisham			Date of	Receipt		
	Mailing Address 223 E Boyd				/ D D D 29	2006	
	City State Zip Code				tion ID: R	13801	
	<u>Dixon</u> IL	_	61021	Amount	of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.					250.00	
	Self-Employed 1	cupation thodon		Credit C	ard		
	Receipt For: Agg	gregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		250.00				
).	Full Name (Last, First, Middle Initial) Dr. Dennis G. Cuendet			Date of	Receipt		
	Mailing Address 7241 Woodstock Dr			м м 0 6	<sup>/</sup> 30	2006	
	City Sta	tate	Zip Code	Transac	tion ID: R	13929	
	Baton Rouge LA	Α	70809	Amount	of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.			Credit C		150.00	
	Colf Employed *	of Employer Occupation Orthodontist					
		gregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		300.00				
s	UBTOTAL of Receipts This Page (optional)		650.00				
T	OTAL This Period (last page this line number only)		<b>&gt;</b>				

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 72 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stator commercial purposes, other than using the r	ntements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Association of Orthodontists	Political Ac	etion Committee	
_	Full Name (Last, First, Middle Initial)			
۹.	Dr. John M. Damas			Date of Receipt
	Mailing Address 4 Sorrel Lane			06 23 7 2006
	City	State II	Zip Code	Transaction ID: R13751
	Lemont FEC ID number of contributing		60439	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		Credit Card
		Orthodor		4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. Eric L. Dellinger			Date of Receipt
	Mailing Address 17110 Coldwater Rd			06 29 2006
	City	State	Zip Code	Transaction ID: R13841
	Huntertown	IN	46748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00  Credit Card
	Name of Employer Self-Employed	Occupation Orthodor		Credit Card
	Receipt For:		e Year-to-Date ▼	-
	Primary General Other (specify) ▼	1 1	400.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Eugene L. Dellinger			Date of Receipt
	Mailing Address 1326 Old Lantern Tr			0 6 29 2006
	City	State	Zip Code	Transaction ID: R13826
	Fort Wayne	IN	46845	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		Credit Card
	Receipt For:	1	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
SI	JBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number o	nly)		

S(	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/72
ITEMIZED RECEIPTS			or each category of the	(check only one)  X 11a  11b  11c  12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Association of Orthodontists P	Political Ac	tion Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Judith A. Demro			Date of Receipt
	Mailing Address 3609 N Shore Dr			06 29 2006
	City	State	Zip Code	Transaction ID: R13853
	Clear Lake	IA	50428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼		400.00	
3.	Full Name (Last, First, Middle Initial) Dr. Philip C. Desmarais			Date of Receipt
	Mailing Address 212 Deermeadow Rd	06 30 7 2006		
	City	State	Zip Code	Transaction ID: R13915
	Webster	NH	03303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card
	Receipt For:		Year-to-Date ▼	-
	Primary General	199.191		
	Other (specify)	0 0	250.00	
о. Э.	Full Name (Last, First, Middle Initial) Dr. Keith B. Dressler			Date of Receipt
	Mailing Address 9 St Ives Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R13830
	Signal Mountain	TN	37377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		Credit Card
	Receipt For:	Orthodon Aggregate	Year-to-Date ▼	-
	Primary General Other (specify) ▼	1.99709010	250.00	
S	UBTOTAL of Receipts This Page (optional)			650.00
т,	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 72 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Association of Orthodontists	Political Ac	tion Committee	
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Kevin C. Duffy Mailing Address 8419 S 109th E Ave			Date of Receipt
	City	State	Zip Code	0 6 2 9 2 0 0 6  Transaction ID: R13783
	Tulsa	OK	74133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		Credit Card
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Michael G. Durbin			Date of Receipt
	Mailing Address 408 Cherry Creek Ln			06 27 7 2006
	City	State	Zip Code	Transaction ID: R13768
	Prospect Heights	IL	60070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00  Credit Card
	Name of Employer Self-Employed	Occupation Orthodor	ntist	Orean Gard
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify) ▼		250.00	
Э.	Full Name (Last, First, Middle Initial) Dr. Eric J. Echols			Date of Receipt
	Mailing Address 74 Smokerise Point			06 29 2006
	City Peachtree City	State GA	Zip Code 30269	Transaction ID: R13827  Amount of Each Receipt this Period
	FEC ID number of contributing		30203	
	federal political committee.	C		250.00  Credit Card
	Name of Employer Self-Employed	Occupation	ntist	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SI	UBTOTAL of Receipts This Page (optional)		·····	750.00
T	OTAL This Period (last page this line number or	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Hoo consists as head of the	FOR LINE NUMBER: PAGE 19 / 72
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
!!	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
^ -	information and the second Challen			13 14 15 16 17
Ar or	ny information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	r not be sold or used by any perso Iress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Association of Orthodontists Po	litical Ac	tion Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. S. Grayson Eddy, Jr.			Date of Receipt
	Mailing Address 5148 Buckhead Trail			06 30 7 2006
	City	State	Zip Code	Transaction ID: R13923
	Knoxville	TN	37919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Solf Employed	Occupation Orthodon		Credit Card
			Year-to-Date ▼	
	Primary General		050.00	
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Dr. David A. Eichel			Date of Receipt
	Mailing Address 7500 Fernwod Dr	06 29 7 2006		
	City	Zip Code	Transaction ID: R13834	
	Cincinnati	OH	45337	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Self-Employed 1	Occupation		Credit Card
		Orthodon		
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		400.00	
).	Full Name (Last, First, Middle Initial) Dr. Stephen E. Ellender, Jr.			Date of Receipt
	Mailing Address 1231 Bayou Black Dr			06 23 2006
	City	State	Zip Code	Transaction ID: R13743
	Houma	LA	70360	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Colf Employed	Occupation Orthodon		Credit Card
			Year-to-Date ▼	1
	Primary General	1 1	250.00	
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number only	)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM	
	EMIZED RECEIPTS		or each category of the	(check only one)	
-			Detailed Summary Page		11b   11c   12 14   15   16   17
Ar	y information copied from such Reports and Stater	ments may	not be sold or used by any perso	n for the purpose o	of soliciting contributions
or	for commercial purposes, other than using the name	ne and add	lress of any political committee to	solicit contributions	s from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Association of Orthodontists Po	litical Ac	tion Committee		
۹.	Full Name (Last, First, Middle Initial) Dr. Lawrence B. Evans			Date of Rece	eipt
	Mailing Address 1488 Brentford Cove			0 6	29 /
	City	State	Zip Code	Transaction	
	Snellville	GA	30278	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Self-Employed *	Occupation Orthodon		Credit Card	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
3.	Full Name (Last, First, Middle Initial) Dr. Beth Lynn Faber			Date of Rece	eipt
	Mailing Address 2018 Retreat Dr	0 6	29 2006		
	City	Transaction	ID: R13802		
	Mechanicsville	VA	23111	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Self-Employed 1	Occupation Orthodon		Credit Card	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
— C.	Full Name (Last, First, Middle Initial) Dr. Austin W. Feeney			Date of Rece	eipt
	Mailing Address 87 Perkins Rd			0 4	18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction	ID: R13654
	Greenwich	CT	06830	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing federal political committee.	С		Check	200.00
	Colf Employed	ame of Employer Occupation elf-Employed Orthodontist			
		Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		450.00		
s	UBTOTAL of Receipts This Page (optional)				700.00
			·		
T	OTAL This Period (last page this line number only)	)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 72
	EMIZED RECEIPTS	or each category of the		(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and ado	r not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Association of Orthodontists I	Political Ac	tion Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Austin W. Feeney			Date of Receipt
	Mailing Address 87 Perkins Rd			04 18 2006
	City	State	Zip Code	Transaction ID: R13662
	Greenwich	CT	06830	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card
	Receipt For:		Year-to-Date <b>V</b>	-
	Primary General	7.99.094.0		
	Other (specify) ▼	0 0	450.00	
В.	Full Name (Last, First, Middle Initial) Dr. Dana E. Fender			Date of Receipt
	Mailing Address PO Box 1980	06 23 YYYYY 2006		
	City	State	Zip Code	Transaction ID: R13745
	Douglas	GA	31534	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Dennis Joseph Flanagan			Date of Receipt
	Mailing Address 2376 Malmaison Rd			M M / D D / Y Y Y Y Y O O O O O
	City	State	Zip Code	Transaction ID: R13740
	Belvidere	IL	61008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card
	Receipt For:		Year-to-Date ▼	1
	Primary General	111		
	Other (specify)		250.00	
<u> </u>	UBTOTAL of Receipts This Page (optional)			750.00
$\vdash$	as a second trie rage (optional)			

TOTAL This Period (last page this line number only) .....

c/	CHEDIII E A (EEC Earm 2V)	[		FOR LINE NUMBER: PAGE 22 / 72
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸۰	y information copied from such Reports and Staten	aonto mov	and he held or used by any perso	
or	for commercial purposes, other than using the nam	e and add	lress of any political committee to	solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)			
/	` '	· · · · · · · · · · · · · · · · · · ·	the Committee	
/	American Association of Orthodontists Pol	iticai Ac	tion Committee	
_	Full Name (Least First Affalds Lattice)			
۸	Full Name (Last, First, Middle Initial) Dr. Albert T. Foy, Jr.			Date of Receipt
٦.				<b>−</b>
	Mailing Address P O Box 230082			06 30 2006
	City	State	Zip Code	Transaction ID: R13885
	•		•	
	Montgomery	AL	36123	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.	9		
	Name of Employer	Occupation		Check
	Self-Employed	Orthodon		
			Year-to-Date ▼	_
	Primary General	-tygreyale	real-lo-Dale ▼	.
			250.00	
	Other (specify) ▼	1 1		
5	Full Name (Last, First, Middle Initial)			Data of Descript
э.	Dr. Curtis Friedenberg			Date of Receipt
	Mailing Address 331 Sunset Drive			04 18 2006
	City.	Ctata	Zin Codo	
	City	State	Zip Code	Transaction ID: R13666
	Cumberland	MD	21502	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.	<u> </u>		
	Name of Employer C	Occupation		Credit Card
	Self-Employed	Orthodon		
				_
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼	
			400.00	
	Other (specify) ▼	0 0		
	Full Name (Last First MCL)   199   5			
•	Full Name (Last, First, Middle Initial) Dr. Curtis Friedenberg			Date of Receipt
٠.	Mailing Address 331 Sunset Drive			<u> </u>
	Mailing Address 331 Suriset Drive			06 29 2006
	City	State	Zip Code	Transaction ID: R13785
	Cumberland	MD	21502	
		טועו	21002	Amount of Each Receipt this Period
	FEC ID number of contributing	C '		250.00
	federal political committee.			
	Name of Employer	occupation	1	Credit Card
	Solf Employed	Orthodon		
			Year-to-Date ▼	-
	Primary General	35.094.0	= 7	
	Other (specify)	-	400.00	
		0 0	1 1 1 1 1 1 1 1	
_	HIDTOTAL of December Title Day (1997)	600.00		
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	
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T	OTAL This Period (last page this line number only)		<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 72		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17		
Δr	y information copied from such Reports and Sta	otomonte may	y not be sold or used by any person			
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	o solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	American Association of Orthodontists	Political Ac	tion Committee			
A.	· · · · · · · · · · · · · · · · · · ·			Date of Receipt		
	Mailing Address 7438 Montgomery Rd			06 23 2006		
	City	State	Zip Code	Transaction ID: R13724		
	Cincinnati	OH	45236	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self-Employed	Occupation Orthodon		Check		
	Receipt For:		Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify) ▼		250.00			
В.	Full Name (Last, First, Middle Initial) Dr. Robert W. Fry			Date of Receipt		
	Mailing Address 12340 Pflumm Road			0 6 2 9 2 0 0 6		
	City	State	Zip Code	Transaction ID: R13777		
	Olathe	KS	66062	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00 Credit Card		
	Name of Employer Self-Employed	Occupation Orthodon		Great Card		
	Receipt For:		Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify) ▼	0 0	250.00			
C.	Full Name (Last, First, Middle Initial) Dr. Catherine Oden Fulton			Date of Receipt		
	Mailing Address 215 Brooke Ave #904			06 29 2006		
	City	State	Zip Code	Transaction ID: R13820		
	Norfolk	VA	23510	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		С		250.00		
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	1		
Other (specify) ▼				1		
s	UBTOTAL of Receipts This Page (optional)			750.00		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NU		PAGE 24/72
	EMIZED RECEIPTS		or each category of the	(check only or	· —	
	LIMIZED RECEIP 13		Detailed Summary Page	X 11a	11b	11c   12
^ -	information and discount December 100 to 100			13	14	15 16 17
Ar or	ly information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	ress of any political committee to	n for the purpose solicit contribution	ons from s	such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
$\rangle$	American Association of Orthodontists Polit	tical Act	tion Committee			
۹.	Full Name (Last, First, Middle Initial) Dr. Scott David Galkin			Date of Re	ceipt	
	Mailing Address 80 S Shore Dr			06	3 0	2006
	•	State	Zip Code	Transactio		
	South Amboy 1	NJ	08879	Amount of	Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.					250.00
	Self-Employed	ccupation		Check		
			Year-to-Date ▼			
	Primary General	1 1				
	Other (specify) ▼		250.00			
3.	Full Name (Last, First, Middle Initial) Dr. Robert F. Garrison			Date of Re	ceipt	
	Mailing Address 232 Palmer Dr				30	2006
	City	Zip Code	Transactio	n ID: R1	3879	
	<u>Lexington</u>	SC	29072	Amount of	Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.					250.00
	Self-Employed *	ccupation		Check		
		rthodon	<u> </u>	_		
	Receipt For:  Primary General	ggregate	Year-to-Date ▼			
	Other (specify) ▼		250.00			
 C.	Full Name (Last, First, Middle Initial) Dr. Miller W. Gibbons			Date of Re	ceipt	
	Mailing Address 200 Canterbury Rd			M M /	30	2006
	•	State	Zip Code	Transactio	n ID: R1	3880
	Wilson	VC	27893	Amount of	Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.					250.00
	Solf Employed 1	ccupation rthodon		Check		
			Year-to-Date ▼	7		
	Primary General	1 1	250.00			
	Other (specify) ▼	0 0	350.00			
s	UBTOTAL of Receipts This Page (optional)		·····			750.00
_			_		•	
T	OTAL This Period (last page this line number only).		<b>&gt;</b>			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 72			
ITEMIZED RECEIPTS			or each category of the	(check only one)	_		
TI EMIZED RESERVES			Detailed Summary Page	X 11a 11b 11c	$\begin{array}{c c}  & 12 \\  & 16 &                                $		
Δ.	by information against from such Banarta and St	atomonto mo	reat he cold or wood by any norce	n for the purpose of coliciting cont			
or	ny information copied from such Reports and State for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such con	nmittee.		
$\setminus$	NAME OF COMMITTEE (In Full)						
$\rangle$	American Association of Orthodontists	Political Ac	tion Committee				
Α.	Full Name (Last, First, Middle Initial) Dr. Gayle Glenn			Date of Receipt			
	Mailing Address 3922 Travis St #12	01-1-	7'- 0-4-	05 17	2006		
	City	State	Zip Code	Transaction ID: R13699			
	Dallas	TX	75204	Amount of Each Receipt this	Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer Self-Employed	Occupation Orthodon		Check			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		750.00				
	Other (specify)	0 0	730.00				
В.	Full Name (Last, First, Middle Initial) Dr. Gayle Glenn			Date of Receipt			
	Mailing Address 3922 Travis St #12	0 6 2 3 Y	2006				
	City	State	Zip Code	Transaction ID: R13728			
	Dallas	TX	75204	Amount of Each Receipt this	Period		
	FEC ID number of contributing federal political committee.	C			500.00		
	Name of Employer Self-Employed	Occupation	1	Credit Card			
	Self-Employed	Orthodon	ntist				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	750.00				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Michael L. Gold			Date of Receipt			
	Mailing Address 2021 E Whitehawk Ct			0 6 2 9 / Y	2006		
	City	State	Zip Code	Transaction ID: R13779			
	Meridian	ID	83642	Amount of Each Receipt this	Period		
	FEC ID number of contributing federal political committee.	C			250.00		
Name of Employer Self-Employed		Occupation Orthodon		Credit Card			
	Receipt For:	Aggregate	Year-to-Date ▼				
Primary General			050.00				
	Other (specify)	0 0	250.00				
s	UBTOTAL of Receipts This Page (optional)				1000.00		
<b> </b>	OTAL This Period (last page this line number of	nlv)	,				
		· · · y / · · · · · · · · · · · · · · ·	······································				

S	CHEDULE A (FEC Form 3X)		Llog congrete cohertule/e)	FOR LINE NUMB	BER: PAGE 26/72
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11	
Δ	· · · · · · · · · · · · · · · · · · ·			13 14	
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ments may me and ado	r not be sold or used by any perso Iress of any political committee to	n for the purpose of solicit contributions	from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Association of Orthodontists Po	olitical Ac	tion Committee		
۹.	Full Name (Last, First, Middle Initial) Dr. Robert S. Goldie			Date of Receip	ot
	Mailing Address 8801 Lake Sheen Ct			0 6 D	30 2006
	City	State	Zip Code	Transaction II	<b>)</b> : R13908
	Orlando	FL	32836	Amount of Eac	ch Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Solf Employed	Occupation Orthodon		Credit Card	
			Year-to-Date ▼		
	Primary General Other (specify) ▼	33 13	250.00		
	Other (specify)	0 0	0 0 0 0 0 0 0		
3.	Full Name (Last, First, Middle Initial) Dr. Robert B. Goldman			Date of Receip	ot
	Mailing Address 27 Birch Ct		M M / D	30 / Y Y Y Y Y Y 2006	
	City	State	Zip Code	Transaction II	<b>)</b> : R13887
	Ridgefield	CT	06877	Amount of Eac	ch Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Self-Employed 1	Occupation Orthodon		Check	
	Receipt For:		Year-to-Date ▼		
	Primary General	33 13		1	
	Other (specify) ▼		250.00		
Э.	Full Name (Last, First, Middle Initial) Dr. Jon Ethan Golub			Date of Receip	ot
	Mailing Address 50 Blueberry Dr			0 5 D	17 2006
	City	State	Zip Code	Transaction II	<b>b</b> : R13700
	Woodcliff Lake	NJ	07677	Amount of Eac	ch Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Solf Employed 1	Occupation Orthodon		Check	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼	0 0	250.00		
s	UBTOTAL of Receipts This Page (optional)				750.00
			<u> </u>		
T	OTAL This Period (last page this line number only	/)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 72	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	EMIZED REGEN 10		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   11	7
Δr	w information conicd from such Paperts and St	otomonte may	y not be cold or used by any perso		
or	y information copied from such Reports and Sta for commercial purposes, other than using the i	name and add	dress of any political committee to	solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Association of Orthodontists	Political Ac	tion Committee		
A.	Full Name (Last, First, Middle Initial) Dr. J. Courtney Gorman			Date of Receipt	
	Mailing Address 2407 Overlook Rd			06 29 2006	
	City	State	Zip Code	Transaction ID: R13776	
	Marion	IN	46952	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card	
	Receipt For:		Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)	0 0	250.00		
В.	Full Name (Last, First, Middle Initial) Dr. Lee W. Graber			Date of Receipt	
	Mailing Address 21350 W Lakeview Pkw	/y		06 23 7 2006	
City		State Zip Code		Transaction ID: R13747	
	Mundelein	IL	60060	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation	1	Credit Card	
		Orthodon			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr. Charles Ray Graham			Date of Receipt	
	Mailing Address 1322 Chandler Road			06 29 / Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: R13810	
	Huntsville	AL	35801	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			250.00	
Self-Employed O		Occupation Orthodon		Credit Card	
		Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼			250.00		
				750.00	1
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	730.00	1
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		J.

SCHEDULE A (FEC Form 3X)		Lisa sanarata sahadula(a)	FOR LINE NUMBER: PAGE 28 / 72
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)    X   11a
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		<del>-</del> ·	
American Association of Orthodontists	Political Ac	ction Committee	
Full Name (Last, First, Middle Initial)  A. Dr. Michael J. Graham			Date of Receipt
Mailing Address 1772 Morning Dr NE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R13897
Cullman	AL	35055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation		Check
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  3. Dr. James B. Gray			Date of Receipt
Mailing Address 715 Shade Tree Terr			06 23 7 2006
City	State	Zip Code	Transaction ID: R13737
Roswell	GA	30075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		Credit Card
Receipt For:		Year-to-Date ▼	
Primary General	00 0	250.00	1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial)  Dr. Alfred C. Griffin, Jr.			Date of Receipt
Mailing Address 8498 Opal Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R13840
Warrenton	VA	20186	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		Credit Card
Receipt For:	Aggregate	e Year-to-Date ▼	7
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
		<u> </u>	
<b>TOTAL</b> This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 72
TEMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may	r not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	arie ario aoo	iless of arry political committee to	Solicit Contributions from Such Committee.
American Association of Orthodontists P	Political Act	tion Committee	
Full Name (Last, First, Middle Initial)  A. Dr. William M. Hairfield			Date of Receipt
Mailing Address 7919 120th Ave SE			06 27 2006
City	State	Zip Code	Transaction ID: R13772
Renton	WA	98056	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		Check
Receipt For:		Year-to-Date ▼	-
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  3. Dr. R. Cree Hamilton			Date of Receipt
Mailing Address 1900 Fox Canyon Cir	04 12 2006		
City	State	Zip Code	Transaction ID: R13647
Las Vegas	NV	89117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation		Check
	Orthodon		_
Receipt For:  Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Lawrence S. Harte			Date of Receipt
Mailing Address 100 W Mount Pleasant A	ve		06 30 7 2006
City	State	Zip Code	Transaction ID: R13881
<u>Livingston</u>	NJ	07039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation		Check
	Orthodon		_
Receipt For: Aggregat Primary General		Year-to-Date ▼	1
Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number on	lu)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 72		
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••	EMIZED REGEN 10		Detailed Summary Page	X   11a   11b   11c   12   15   16   17   18   19   19   19   19   19   19   19	17
Δr	w information copied from such Reports and St	atomonte may	y not be sold or used by any perso		17
or	y information copied from such Reports and Sta for commercial purposes, other than using the i	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)				
$\rangle$	American Association of Orthodontists	Political Ac	tion Committee		
A.	Full Name (Last, First, Middle Initial) Dr. Brian Hartman			Date of Receipt	
	Mailing Address 1920 Meander Circle			06 30 2006	
	City	State	Zip Code	Transaction ID: R13905	
	Anchorage	AK	99516	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	-	250.00		
	Other (specify)	0 0	230.00		
В.	Full Name (Last, First, Middle Initial) Dr. Tom Hartman			Date of Receipt	
	Mailing Address 4028 Caravelle			06 29 7 2006	
City		State	Zip Code	Transaction ID: R13782	
	Anchorage	AK 99502		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer Self-Employed	Occupation	1	Credit Card	
	Seir-Employed	Orthodon	ntist		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	' '	250.00		
	Other (specify)	0 0			
C.	Full Name (Last, First, Middle Initial) Dr. Mark P. Hatala			Date of Receipt	
	Mailing Address 31 Virginia Ave			06 29 2006	
	City	State	Zip Code	Transaction ID: R13786	
	Binghamton	NY	13905	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
Self-Employèd		Occupation Orthodon		Credit Card	
		Aggregate	Year-to-Date ▼		
Primary General			250.00		
	Other (specify)	0 0	250.00		
s	UBTOTAL of Receipts This Page (optional)			750.00	
$\vdash$			<u>.                                    </u>		٦
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		_

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 7	2
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	EMIZED RECEIL 10		Detailed Summary Page	X 11a 11b 11c 12	□ 17
Δr	ay information conied from such Reports and St	atomonte may	y not be sold or used by any perso		
or	y information copied from such Reports and St for commercial purposes, other than using the	solicit contributions from such committee.	,		
	NAME OF COMMITTEE (In Full)				
$\rangle$	American Association of Orthodontists	Political Ac	tion Committee		
A.	Full Name (Last, First, Middle Initial) Dr. M. Donald Hayes			Date of Receipt	
	Mailing Address 737 Timberlane			05 17 2006	
	City	State	Zip Code	Transaction ID: R13702	_
	Wilmington	ОН	45177	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.0	00
	Name of Employer Self-Employed	Occupation Orthodon		Check	
	Receipt For:		Year-to-Date ▼		
	Primary General	33 - 3			
	Other (specify) ▼		1000.00		
В.	Full Name (Last, First, Middle Initial) Dr. M. Donald Hayes			Date of Receipt	
	Mailing Address 737 Timberlane			06 07 7 2006	6 6
	City	State	Zip Code	Transaction ID: R13713	
	Wilmington	<u>OH</u>	45177	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.0	10
	Name of Employer Self-Employed	Occupation	1	Check	
		Orthodon			
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼		
	Other (specify)		1000.00		
<b>C</b> .	Full Name (Last, First, Middle Initial) Dr. Chris H. Henry			Date of Receipt	
	Mailing Address 114 Minnie St #B			06 23 7 2006	
	City	State	Zip Code	Transaction ID: R13729	
	Fairbanks	AK	99701	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			250.0	10
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card	
		Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)		······	1250.0	0
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1 1	OTAL This Period (last page this line number of	лпу)	··············		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 32/72	
ITEMIZED RECEIPTS			or each category of the	(check only one)	l 🗖	
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 13 14	11c   12 15   16   17	
Δη	w information copied from such Reports and Str	atomonte may	y not be sold or used by any perso			
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from s	uch committee.	
$\setminus$	NAME OF COMMITTEE (In Full)					
$\rangle$	American Association of Orthodontists	Political Ac	tion Committee			
A.	Full Name (Last, First, Middle Initial) Dr. Mark E. Hixson			Date of Receipt		
	Mailing Address 3501 Catalano Dr	<b>-</b>		06 29	2006	
	City	State	Zip Code	Transaction ID: R1		
	Raleigh	NC	27612	Amount of Each Rec	eipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00			
	Other (specify) ▼	0 0	230.00			
В.	Full Name (Last, First, Middle Initial) Dr. Curtis R. Imel			Date of Receipt		
	Mailing Address 9 Countryside Ave			06 30	2006	
City		State	Zip Code	Transaction ID: R13896		
	Ottawa	<u> </u>	61350	Amount of Each Rec	eipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Self-Employed	Occupation	1	Check		
	Self-Employed	Orthodon	ntist			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary ☐ General Other (specify) ▼		400.00			
— С.	Full Name (Last, First, Middle Initial) Dr. James Brian Indiveri			Date of Receipt		
	Mailing Address 5033-3 Glenwood Ave			M M / D D	/ Y Y Y Y	
				04 18	2006	
	City	State	Zip Code	Transaction ID: R1		
	Mission	KS	66202	Amount of Each Rec	eipt this Period	
Name of Employer Self-Employed Ort		C			500.00	
		Occupation Orthodon		Check		
		Aggregate	Year-to-Date ▼			
Primary General			500.00			
	Other (specify) ▼	0 0	300.00			
s	UBTOTAL of Receipts This Page (optional)				1000.00	
	,			-		
T	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 33 / 72 (check only one)
• • •			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Association of Orthodontists I	Political Ac	tion Committee	
	Full Name (Last, First, Middle Initial) Dr. Cynthia L. Jackson  Mailing Address 573 Anderson Rd			Date of Receipt
	City	State	Zip Code	0 6 2 3 2 0 0 6 Transaction ID: R13730
	Alpine	CA	91901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		Credit Card
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Michael L. Jacobsen			Date of Receipt
	Mailing Address 13847 Pamlico Rd	06 23 7 2006		
	City	State	Zip Code	Transaction ID: R13731
	Apple Valley  FEC ID number of contributing federal political committee.	CA	92307	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupation Orthodor		Credit Card
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
— Э.	Full Name (Last, First, Middle Initial) Dr. Lawrence A. Johnson			Date of Receipt
	Mailing Address 1950 Cliffview Ct			0 6 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State WI	Zip Code	Transaction ID: R13895
	Oshkosh  FEC ID number of contributing federal political committee.	C	54901	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupation Orthodor		Check
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
SI	UBTOTAL of Receipts This Page (optional)			750.00
TO	OTAL This Period (last page this line number or	nly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 72					
	ITEMIZED RECEIPTS		or each category of the	(check only one)				
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17				
Ar	ny information copied from such Reports and Statem	ents may	not be sold or used by any perso	n for the purpose of soliciting contributions				
or	for commercial purposes, other than using the name	solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)  American Association of Orthodontists Poli							
	American Association of Orthodomists Follows	ilicai Ac	tion committee					
_	Full Name (Last, First, Middle Initial)			Data of Bassist				
Α.	Dr. Warren T. Johnson, Jr.  Mailing Address 2211 Shannon Dr			Date of Receipt				
				06 29 2006				
	•	State	Zip Code	Transaction ID: R13838				
		<u>TN</u>	37129	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	c ;		250.00				
	Self-Employed	ccupation orthodon		Credit Card				
		ggregate	Year-to-Date ▼					
	Primary General		250.00					
	Other (specify) ▼	0 0						
В.	Full Name (Last, First, Middle Initial) Dr. Mark W. Joiner			Date of Receipt				
	Mailing Address 240 Fast Lane			06 30 YYYYY 2006				
	•	State	Zip Code	Transaction ID: R13907				
		CA	95065	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Self-Employed	ccupation		Credit Card				
		rthodon		4				
	Receipt For:  Primary General	aggregate	e Year-to-Date ▼					
	Other (specify) ▼		250.00					
<u> </u>	Full Name (Last, First, Middle Initial) Dr. David C. Jones			Date of Receipt				
٥.	Mailing Address 975 Stonewall Jackson Tr			M M / D D / Y Y Y Y				
				04 18 2006				
	•	State	Zip Code	Transaction ID: R13652				
		<u>VA</u>	24112	Amount of Each Receipt this Period				
		C .		150.00				
				Check				
		ggregate	Year-to-Date ▼					
	Primary General Other (specify)		550.00					
	□ Other (specify) ♥	0 0 0 0 0 0 0						
s	SUBTOTAL of Receipts This Page (optional)							
$\vdash$			·					
T	<b>OTAL</b> This Period (last page this line number only)							

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 72 (check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a	
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Association of Orthodontists F	Political Ac	tion Committee		
۹.	Full Name (Last, First, Middle Initial) Dr. David C. Jones  Mailing Address 975 Stonewall Jackson 7	- r		Date of Receipt	
	City Martinsville	State VA	Zip Code 24112	Transaction ID: R13800  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthodor Aggregate		Credit Card	
3.	Full Name (Last, First, Middle Initial) Dr. G. Michael Kabot Mailing Address 2626 W Long Lake Rd			Date of Receipt	
	City	0 6 3 0 2 0 0 6  Transaction ID: R13878			
	West Bloomfield	MI	48323	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00 Check	
	Name of Employer Self-Employed	Occupation Orthodor	ntist	Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr. Michael J. Kehoe			Date of Receipt	
	Mailing Address 3160 Hosner Rd			06 30 7 2006	
	City Dryden	State MI	Zip Code 48428	Transaction ID: R13868  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	10120	150.00	
	Name of Employer Self-Employed	Occupation Orthodor		Check	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00		
s	UBTOTAL of Receipts This Page (optional)			650.00	
T	OTAL This Period (last page this line number on	ly)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 72
	EMIZED RECEIPTS		or each category of the	(check only one)
••	EMIZED RECEIL TO		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Δ,	ny information copied from such Reports and Sta	itemente mai	unot be sold or used by any perso	
or	for commercial purposes, other than using the n	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Association of Orthodontists	Political Ac	tion Committee	_
A.				Date of Receipt
	Mailing Address 2165 Whispering Hills C	t		06 29 2006
	City	State	Zip Code	Transaction ID: R13819
	Washington	MI	48094	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		Credit Card
	Receipt For:	Orthodor Aggregate	e Year-to-Date 🔻	
	Primary General	33 -3		1
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 2321 Winton Terrace West			06 23 2006
	City State Zip Code			Transaction ID: R13738
	Fort Worth	TX	76109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
		1 0		Credit Card
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:	1	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Allen B. Kerr			Date of Receipt
	Mailing Address 901 John Q Adams St			M M / D D / Y Y Y Y
	0.1		7: 0 1	06 29 2006
	City Oregon City	State OR	Zip Code 97045	Transaction ID: R13803
			97045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation	n	Credit Card
	Self-Employed	Orthodor	ntist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
		0 0		1
				770 00
s	SUBTOTAL of Receipts This Page (optional)			750.00
	OTAL THE DESCRIPTION OF THE STATE OF THE STA	-1. \		
1 I	<b>OTAL</b> This Period (last page this line number or	IIV)		

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 37 / 72		
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	on for the purpose of soliciting contributions		
\ \	NAME OF COMMITTEE (In Full)	arrie ariu auc	diess of any political committee to	Solicit contributions from such committee.		
	American Association of Orthodontists I	Political Ac	tion Committoo			
	American Association of Officious itsis i	- Olltical Ac	tion committee			
_	Full Name (Last, First, Middle Initial)					
Α.	Dr. Edward Stan Key			Date of Receipt		
	Mailing Address 1706 Cheyenne Trail			06 29 2006		
	City	State	Zip Code	Transaction ID: R13807		
	Graham	TX	76450	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer	Occupation	า	Credit Card		
	Name of Employer Self-Employed	Orthodon				
	Receipt For:	1	Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify)		250.00			
В.	Full Name (Last, First, Middle Initial) Dr. Michael J. Kierl			Date of Receipt		
	Mailing Address 4719 Innsbrook Ln			M M / D D / Y Y Y Y		
				06 27 2006		
	City	State	Zip Code	Transaction ID: R13773		
	Oklahoma City	OK	73142	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.					
	Name of Employer Self-Employed	Occupation	า	Check		
		Orthodon	ntist			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00			
	Other (specify)	0 0		J.		
_	Full Name (Last, First, Middle Initial)					
C.	Dr. Thomas M. Kilareski			Date of Receipt		
	Mailing Address 825 Ave B			06 30 2006		
	City	State	Zip Code	Transaction ID: R13913		
	Stroudsburg	PA	18360	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer	Occupation	า	Credit Card		
	Name of Employer Self-Employed		itist			
	Receipt For:		Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼		250.00			
_						
				750.00		
S	UBTOTAL of Receipts This Page (optional)			750.00		
1						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 38/72	
ITEMIZED RECEIPTS			or each category of the	(check only one)		
TI EMIZED RESERVES			Detailed Summary Page	X 11a 11b	11c   12	
_				13 14	15 16 17	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of solicitii solicit contributions from si	ng contributions uch committee.	
	NAME OF COMMITTEE (In Full)		7,			
$  \rangle$	American Association of Orthodontists	Political Ac	tion Committee			
	7 and red of a control of the dominate	i ontioai 7 to				
_	Full Name (Last, First, Middle Initial)					
A.	Dr. Harry R. Kinlaw			Date of Receipt		
	Mailing Address 162 Ridgeview Drive			0 6 2 3	2006	
	City	State	Zip Code			
	Cincinnati	OH	45215	Transaction ID: R13		
		OH	40210	Amount of Each Rec	eipt triis Period	
	FEC ID number of contributing federal political committee.	C			250.00	
				Credit Card		
	Name of Employer Self-Employed	Occupation		Credit Card		
	· · · ·	Orthodon				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	' '	250.00			
	Other (specify)		1 1 1 1 1 1 1 1			
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 3125 Rollingstone Rd			M M / D D .	/ Y " Y " Y " Y	
				04 25	2006	
	City	State	Zip Code	Transaction ID: R13668		
	Oklahoma City	OK	73120	Amount of Each Rec	eipt this Period	
	FEC ID number of contributing	C			150.00	
	federal political committee.	9				
	Name of Employer Self-Employed	Occupation	1	Check		
	Self-Employed	Orthodon	tist			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		300.00	1		
	Other (specify)		300.00			
	Full Name (Last First No. 1971)					
C.	Full Name (Last, First, Middle Initial) Dr. Gregory F. Kubik			Date of Receipt		
•	Mailing Address 6808 Oakwood Manor [	)r		M M / D D	/ Y Y Y Y	
	S S S S S S S S S S S S S S S S S S S	<b>,</b>		06 23	2006	
	City	State	Zip Code	Transaction ID: R13	3733	
	Crystal Lake	<u>IL</u>	60012	Amount of Each Rec	eipt this Period	
	FEC ID number of contributing	С			250.00	
	federal political committee.  Name of Employer Salf Employed				250.00	
			1	Credit Card		
			itist			
Receipt For:		Aggregate	Year-to-Date ▼			
	Primary General		050.00	1		
Other (specify) ▼			250.00			
			650.00			
S	UBTOTAL of Receipts This Page (optional)		ี้ ออักาทัก			
T	OTAL This Period (last page this line number o					

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 72 (check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X   11a     11b     11c     12
			Detailed Summary Fage	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·	
$\rangle$	American Association of Orthodontists I	Political Ac	tion Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Alan S. Lammey			Date of Receipt
	Mailing Address 54 Reed Dr			06 29 7 2006
	City Manchester	State CT	Zip Code	Transaction ID: R13791
			06040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00  Credit Card
	Name of Employer Self-Employed	Occupation Orthodor		Credit Gard
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Shawn Lehman-Grimes			Date of Receipt
	Mailing Address 324 Northcrest Dr.			0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R13642
	Springfield	TN	37172	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		Credit Card
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Edward Y. Lin			Date of Receipt
	Mailing Address 555 Main Ave #205			05 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R13704
	De Pere	WI	54115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self-Employed	Occupation Orthodor		Credit Card
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		700.00	
SI	UBTOTAL of Receipts This Page (optional)	700.00		
т	OTAL This Period (last page this line number or	าly)	<b>)</b>	

# SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Lloo concrete selectivis/s	FOR LINE NU		PAGE 40 / 72
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only on	e)	. —
	EMIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c 12
_				13	14	15 16 17
Ar or	ny information copied from such Reports and Statemor for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso ress of any political committee to	n for the purpose solicit contributio	of solicitions from s	ing contributions such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)					
$\rangle$	American Association of Orthodontists Poli	tical Act	tion Committee			
۹.	Full Name (Last, First, Middle Initial) Dr. Robert L. Loeb			Date of Red	ceipt	
	Mailing Address 716 Natures Way			0 6	29	2006
	•	State	Zip Code	Transactio	n ID: R1	3835
	Franklin Lakes	NJ	07417	Amount of	Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.					250.00
	Solf Employed	ccupation		Credit Card	t	
	-		Year-to-Date ▼			
	Primary General	33 -3				
	Other (specify) ▼	0 0	350.00			
3.	Full Name (Last, First, Middle Initial) Dr. James W. Logeman			Date of Red	ceipt	
	Mailing Address 11988 Antietam Dr			0 6	23	2006
	City	Zip Code	Transactio	n ID: R1	3725	
	Loveland	<u>OH</u>	45140	Amount of	Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.					250.00
	Name of Employer Oct Self-Employed	ccupation	1	Check		
		rthodon	<u> </u>			
		ggregate	Year-to-Date ▼	.		
	Primary General Other (specify) ▼		250.00			
).	Full Name (Last, First, Middle Initial) Dr. James F. Lunardon			Date of Red	 ceipt	
	Mailing Address 1106 W Orchard Ln			0 6	30	2006
		State	Zip Code	Transactio	n ID: R1	3899
	<u>Carlsbad</u>	NM	88220	Amount of	Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.					250.00
	Solf Employed *	ccupation		Check		
		ggregate	Year-to-Date ▼	7		
	Primary General	-	250.00			
	Other (specify) ▼	0 0	250.00			
s	UBTOTAL of Receipts This Page (optional)			750.00		
T	OTAL This Period (last page this line number only).		<b>&gt;</b>			
•	( page and into marrison only)					

SCHEDIII E A /EEC Form 2V)				FOR LINE NUMBER: PAGE 41 / 72		
SCHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the		(check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Summary Fage	13 14 15 16 17		
An	y information copied from such Reports and Stat	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the na	ame and add	ress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Association of Orthodontists F	Political Ac	tion Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. Robert J. Manasse			Date of Receipt		
	Mailing Address 795 Brookwood Dr			06 23 2006		
	City	State	Zip Code	Transaction ID: R13736		
	Olympia Fields	IL	60461	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Francisco	Occupation		Credit Card		
	Name of Employer Self-Employed	Orthodon				
	Receipt For:		Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify) ▼	0 0	250.00			
	Full Name (Least First Middle Letter)					
В.	Full Name (Last, First, Middle Initial) Dr. Theo Mantzikos			Date of Receipt		
	Mailing Address 279 Sound Beach Ave	M M / D D / Y Y Y Y				
	City	Ctata	7in Code	06 29 2006		
	City Greenwich	State CT	Zip Code 06870	Transaction ID: R13829		
		<u> </u>	00870	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			250.00		
	Name of Francisco	0		Credit Card		
	Name of Employer Self-Employed	Occupation Orthodon				
	Receipt For:		Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify) ▼	0 0	250.00			
	Full Name (Last, First, Middle Initial)					
C.	Dr. Jennifer Martin			Date of Receipt		
	Mailing Address 616 Bradford PI			06 29 2006		
	City	State	Zip Code	Transaction ID: R13789		
	<u>Danville</u>	CA	94526	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	rederal political confinitiee.			Credit Card		
	Name of Employer Self-Employed	Occupation		Oredit dard		
	Receipt For:	Orthodon	Year-to-Date ▼	_		
	Primary General	Ayyıeyale	Toal-lu-Dale ▼	1		
	Other (specify)		250.00			
_	<u> </u>					
	<u> </u>			750.00		
S	UBTOTAL of Receipts This Page (optional)			750.00		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NU (check only on X 11a 13		11c 15	42 / 72 12 16 17
Ar or	ny information copied from such Reports and Statements for commercial purposes, other than using the name an	ts may	y not be sold or used by any persodress of any political committee to	n for the purpose solicit contribution	e of solicit	ing contrib	outions mittee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Association of Orthodontists Politica	al Ac	tion Committee				
<b>A</b> .	Self-Employed Orth Receipt For:  Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. DeWayne B. McCamish Mailing Address 11 Ballard Bluff  City Signal Mountain FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Occur	upation nodor regate	zip Code 37377	Date of Re  M M M O 6  Transactio  Amount of  Credit Card  Date of Re  M M M O 6  Transactio  Amount of	ceipt 2 3 n ID: R1 Each Rec	3845 ceipt this I	150.00 2 0 0 6
	Self-Employed Ortho	odor					
<b>D.</b>	Self-Employed Ortho	l upation		Date of Re  M M / 0 6  Transactio  Amount of  Check	23 n ID: R1	3723 ceipt this I	2 0 0 6 Period 250.00
s	UBTOTAL of Receipts This Page (optional)		<b>_</b>				650.00
T	OTAL This Period (last page this line number only)		<b>.</b>				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 43/72	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	7 17
Δη	w information copied from such Reports and St	y not be sold or used by any perso			
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Association of Orthodontists	Political Ac	tion Committee		
A.	Full Name (Last, First, Middle Initial) Dr. Paul J. McKenna, Jr.			Date of Receipt	
	Mailing Address 16 Pine Glen Road			05 17 2006	
	City	State	Zip Code	Transaction ID: R13698	
	Simsbury	CT	06070	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation Orthodon		Check	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼		230.00		
В.	Full Name (Last, First, Middle Initial) Dr. William J. McLendon			Date of Receipt	
	Mailing Address 61 Old Mountain Rd			06 29 7 2006	
	City	State	Zip Code	Transaction ID: R13780	
	Powder Springs	GA	30073	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation	1	Credit Card	
	Self-Employed	Orthodon	ntist		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. John Leo Mergen			Date of Receipt	
•	Mailing Address 840 Mesquite Drive			M M / D D / Y Y Y Y	1
				04 03 2006	
	City	State	Zip Code	Transaction ID: R13641	
	Coralville	IA	52241	Amount of Each Receipt this Period	
Self-Employed 1		C		125.00	
		Occupation Orthodon		Credit Card	
		Aggregate	Year-to-Date ▼		
	Primary General		250.00		
Other (specify) ▼			250.00		
s	UBTOTAL of Receipts This Page (optional)	625.00			
	1				
T	OTAL This Period (last page this line number	L			

SCHEDULE A (FEC Fo	orm 3X)	Liea constato cohodulo(s)	FOR LINE NUMBER: PAGE 44	4 / 72
ITEMIZED RECEIPTS	,	Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c	12
				16 17
Any information copied from such F or for commercial purposes, other t	Reports and Statements may han using the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contribut solicit contributions from such commit	ions tee.
NAME OF COMMITTEE (In Fu American Association of O	,	tion Committee		
Full Name (Last, First, Middle Ir Dr. Harold L. Middleberg	nitial)		Date of Receipt	
Mailing Address 132 Whitne	<u> </u>		06 30 20	0 0 6
City Richboro	State PA	Zip Code 18954	Transaction ID: R13925  Amount of Each Receipt this Per	riod
FEC ID number of contributing federal political committee.	C		1 1 1 1 1 1 1	50.00
Name of Employer Self-Employed	Occupation Orthodor		Credit Card	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Ir Dr. Richard W. Miller, II	, 		Date of Receipt	
Mailing Address 302 Islington St #4				0 0 6
City	State	Zip Code	Transaction ID: R13918	
Portsmouth	NH	03801	Amount of Each Receipt this Per	riod
FEC ID number of contributing federal political committee.	C		25  Credit Card	50.00
Name of Employer Self-Employed	Occupation Orthodor		Oredit Gard	
Receipt For:		Year-to-Date ▼		
Primary General Other (specify) ▼		250.00		
Full Name (Last, First, Middle Ir	nitial)		Date of Receipt	
Mailing Address 4263 NE 73	3rd		M M / D D / Y Y	0 0 6
City	State	Zip Code	Transaction ID: R13919	
<u>Seattle</u>	WA	98115	Amount of Each Receipt this Per	riod
FEC ID number of contributing federal political committee.	C		Credit Card	50.00
Name of Employer Self-Employed	Occupation Orthodor		Credit Card	
Receipt For:  Primary General  Other (specify) ▼	00 0	Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Pag	e (optional)		75	0.00
TOTAL This Period (last page this	s line number only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45/72
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)	N - 1212 1 - <b>A</b> -	the Committee	
/	American Association of Orthodontists F	olitical Ac	tion Committee	
	Full Name (Last, First, Middle Initial)			Date of Receipt
٦.	Dr. W. Jim Moore, Jr.  Mailing Address 3024 Olive St			M M / D D / Y Y Y Y
				06 30 2006
	City	State	Zip Code	Transaction ID: R13901
	Pine Bluff	AR	71603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation		Check
	Receipt For:	Orthodor		_
	Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			
3.	Dr. Gary Dean Mundy			Date of Receipt
	Mailing Address 900 Singing Hills Dr			0 6 3 0 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R13903
	El Paso	TX	79912	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		230.00
	Name of Employer	Occupation	n	Check
	Self-Employed	Orthodor		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	250.00	
		0 0	0 0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Dr. Stephen Robert Nelson			Date of Receipt
	Mailing Address 4405 Highland Rd			M M / D D / Y Y Y Y
	Cit.	Ctata	7in Oada	06 29 2006
	City Minnetonka	State MN	Zip Code 55345	Transaction ID: R13823  Amount of Each Receipt this Period
	FEC ID number of contributing		30040	
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation	n	Credit Card
	Self-Employed	Orthodor	ntist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
		-	0 0 0 0 0 0 0	
9	UBTOTAL of Receipts This Page (optional)	750.00		
	ODITAL OF HECEIPES THIS Fage (Optional)		······	
T	OTAL This Period (last page this line number on	ly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 46/72
ITEMIZED RECEIPTS			or each category of the	(check only one)	🗖
			Detailed Summary Page	X 11a 11b 1	11c   12 15   16   17
Δr	w information copied from such Reports and Sta	y not be cold or used by any perso			
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	name and add	dress of any political committee to	solicit contributions from s	uch committee.
	NAME OF COMMITTEE (In Full)				
$\rangle$	American Association of Orthodontists	Political Ac	tion Committee		
A.	Full Name (Last, First, Middle Initial) Dr. Robert (Tito) Alan Norris			Date of Receipt	
	Mailing Address 244 Canada Verde	01-1-	7'- 0-4-	06 23	2006
	City Son Antonio	State	Zip Code	Transaction ID: R13	
	San Antonio	TX	78232	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼	0 0	230.00		
В.	Full Name (Last, First, Middle Initial) Dr. Kay W. O'Leary			Date of Receipt	
	Mailing Address 18590 Arapahoe Cir			04 18 2006	
	City	State	Zip Code	Transaction ID: R13	3657
	Port Charlotte	<u>FL</u>	33948	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			350.00
	Name of Employer Self-Employed	Occupation	1	Check	
	Self-Employed	Orthodon	tist		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		350.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. G. S. Ollard			Date of Receipt	
	Mailing Address 2201 Lyons Ridge Rd			M M / D D	/ <b>Y Y Y Y</b>
				04 25	2006
	City	State	Zip Code	Transaction ID: R13	
	Knoxville	TN	37919	Amount of Each Rec	eipt this Period
FEC ID number of contributing federal political committee.		C			350.00
	Name of Employer Self-Employed	Occupation Orthodon		Check	
	Receipt For:	Aggregate	Year-to-Date ▼		
Primary General			350.00		
	Other (specify) ▼	0 0	330.00		
s	UBTOTAL of Receipts This Page (optional)		950.00		
$\vdash$			•	-	• • • • • •
Т Т	OTAL This Period (last page this line number of				

SCHEDULE A (FEC Form 3X)		Lisa saparate sabadula(s)	FOR LINE NUMBER: PAGE 47 / 72
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)    X   11a
		, ,	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Association of Orthodontist	s Political Ac	ction Committee	
Full Name (Last, First, Middle Initial) Dr. Bruce E. Ollins			Date of Receipt
Mailing Address 10 Driftwood Dr			06 23 7 2006
City <u>Livingston</u>	State NJ	Zip Code 07039	Transaction ID: R13739  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		Credit Card
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael R. Pashley			Date of Receipt
Mailing Address 1182 Bennington Dr			05 26 2006
City	State	Zip Code	Transaction ID: R13710
Santa Ana	CA	92705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00 Check
Name of Employer Self-Employed	Occupatio Orthodor		Check
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial)  Dr. John P. Peden			Date of Receipt
Mailing Address 2552 Admirals Walk I	Or S		M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City	State	Zip Code	Transaction ID: R13734
Orange Park	FL	32073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00  Credit Card
Name of Employer Self-Employed	Occupatio Orthodor		Credit Card
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .			750.00
TOTAL This Period (last page this line number	only)		

# SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 72
ITEMIZED RECEIPTS			or each category of the	(check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Association of Orthodontists P	olitical Ac	tion Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Kenneth H. Peterson			Date of Receipt
	Mailing Address 1409 Ambleside Cir			06 29 2006
	City	State	Zip Code	Transaction ID: R13839
	Naperville	IL	60540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼		250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Bruce J. Podhouser	Date of Receipt		
	Mailing Address 92 Middle Jem Rd	0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R13909
	Gorham	ME	04058	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Morris N. Poole			Date of Receipt
	Mailing Address 55 Bristol Rd			0 6 29 2006
	City	State	Zip Code	Transaction ID: R13775
	Logan	UT	84321	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)	750.00		
_		,	<u> </u>	
T	OTAL This Period (last page this line number only	y)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NU	
ITEMIZED RECEIPTS			or each category of the	(check only on	· — —
	EMIZED RECEIPTS		Detailed Summary Page	X 11a	11b   11c   12
_				13	14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	rnot be sold or used by any perso Iress of any political committee to	n for the purpose solicit contributio	e of soliciting contributions ons from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		71		
$\rangle$	American Association of Orthodontists P	olitical Ac	tion Committee		
۹.	Full Name (Last, First, Middle Initial) Dr. D. Spencer Pope			Date of Re	eceipt
	Mailing Address 19337 Cormoy Ln			0 4	25 2006
	City	State	Zip Code		n ID: R13674
	Tinley Park	IL	60477	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-Employed	Occupation Orthodon		Check	
	Receipt For:		Year-to-Date ▼	1	
	Primary General Other (specify) ▼		250.00		
 3.	Full Name (Last, First, Middle Initial) Dr. Charles E. Pritchett			Date of Re	ceipt
	Mailing Address 13438 Pilot Lane				23 7 2006
	City	State	Zip Code	Transactio	n ID: R13741
	Mccordsville	IN	46055	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		Out the Out	250.00
	Name of Employer Self-Employed	Occupation		Credit Care	a
		Orthodon		_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify) ▼		250.00		
<b>-</b>	Full Name (Last, First, Middle Initial) Dr. John Charles Pritchett			Date of Re	ceipt
	Mailing Address 11980 Bluestone Dr			0 6	29 2006
	City	State	Zip Code	Transactio	n ID: R13812
	Indianapolis	IN	46236	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card	d
	Receipt For:	Aggregate	Year-to-Date ▼	7	
	Primary General Other (specify) ▼	0 0	250.00		
s	UBTOTAL of Receipts This Page (optional)				750.00
			<u> </u>		
T	OTAL This Period (last page this line number onli	y)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUM	BER: PAGE 50/72
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••			Detailed Summary Page		1b 11c 12 4 15 16 17
۸۰	v information conind from such Deports and States	aonta may	, not be cold or used by any perce		
or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	e and add	frict be sold of used by any perso dress of any political committee to	solicit contributions	from such committee.
	NAME OF COMMITTEE (In Full)				
$\rangle$	American Association of Orthodontists Pol	litical Ac	tion Committee		
_	Full Name (Last, First, Middle Initial)				
A.	Dr. John C. Pryse, Jr.			Date of Recei	ipt
	Mailing Address 304 Franklin Pl			0 6	30 2006
	City	State	Zip Code	Transaction	
	Clinton	TN	37716		ach Receipt this Period
	FEO ID combined for all the first		1 1 1 1 1 1	7 1111001111 01 22	
	federal political committee.	С			250.00
	Name of Employer C Self-Employed	Occupation	1	Credit Card	
	Seil-Employed	Orthodon	tist		
		Aggregate	Year-to-Date ▼		
	Primary General Other (specify)		250.00		
	Other (specify)	0 0	1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Rece	ipt
	Mailing Address 1551 Hogan Ave			0 6	29 2006
	City	Zip Code	Transaction ID: R13836  Amount of Each Receipt this Period		
	City State Chesterton IN				
	FEO ID combined to a difficulties		40304	Amount of Ea	acri necelpi illis Pellod
	FEC ID number of contributing federal political committee.	C			250.00
				Credit Card	
	Self-Employed	occupation			
		Orthodon	Year-to-Date <b>V</b>	_	
	Primary General	rggregate	Total to Date V		
	Other (specify) ▼		250.00		
_	Full Name (Last, First, Middle Initial)			Date of Rece	:ı
C.	Dr. J. Anthony Quinn  Mailing Address PO Box 771				DD/YYYY
	Walling Additions FO Box 771			0 6	07 2006
	City	State	Zip Code	Transaction I	ID: R13715
	Waverly	PA	18471	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.	<u> </u>			200.00
	Name of Employer C	Occupation	1	Check	
	Self-Employed C	Orthodon	tist		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00		
Other (specify) ▼			250.00		
	UBTOTAL of Receipts This Page (optional)				750.00
$\vdash$	ODITAL OF RECEIPTS THIS FAYE (OPTIONAL)		······································		
<sub>T</sub>	OTAL This Period (last page this line number only)		<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 51 / /2
ITEMIZED RECEIPTS			or each category of the	(check only one)  X 11a  11b  11c  12
-	S		Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Statemore commercial purposes, other than using the name	ents may and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Association of Orthodontists Poli	tical Act	tion Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Kevin T. Race			Date of Receipt
	Mailing Address N53 W34456 Rd Q			04 / 18 / 2006
	•	State WI	Zip Code	Transaction ID: R13661
		VVI	53069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			200.00
	Self-Employed	ccupation rthodon		Credit Card
	-		Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	350.00	
3.	Full Name (Last, First, Middle Initial) Dr. William A. Raineri			Date of Receipt
	Mailing Address 4370 Loveland Dr			06 29 YYYYY 2006
		State	Zip Code	Transaction ID: R13799
	Liverpool	NY	13090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Self-Employed	ccupation		Credit Card
		rthodon	tist Year-to-Date ▼	_
	Primary General	ggregate		
	Other (specify) ▼		250.00	
<b>.</b>	Full Name (Last, First, Middle Initial) Dr. Todd H. Rankin			Date of Receipt
	Mailing Address 1000 Country Club Dr			06 29 YYYYY 2006
	•	State	Zip Code	Transaction ID: R13815
	New Bern	NC	28562	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Self-Employed	ccupation		Credit Card
		rthodon		
	Receipt For: A Primary General	ggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)		······	700.00
<u> </u>	OTAL This Period (last page this line number only)			
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S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 52 / 72		
	•		Use separate schedule(s) or each category of the	(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			_ common common, coge	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Association of Orthodontists	Political Ac	tion Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. Darren B. Ravassipour			Date of Receipt		
	Mailing Address 149 Littrell Dr			06 23 2006		
	City	State	Zip Code	Transaction ID: R13732		
	Medford	OR	97504	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card		
	Receipt For:		Year-to-Date ▼			
	Primary General	00 0		1		
	Other (specify) ▼	1	250.00			
В.	Full Name (Last, First, Middle Initial) Dr. Robert A. Ritucci			Date of Receipt		
	Mailing Address 24 Tarragon Dr			M M / D D / Y Y Y Y		
	PO Box 965			06 27 2006		
	City	State	Zip Code	Transaction ID: R13765		
	East Sandwich	MA	02537	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.					
	Name of Employer	Occupation	 1	Credit Card		
	Name of Employer Self-Employed	Orthodon				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify) ▼		250.00			
	Full Name (Last, First, Middle Initial)					
C.	Dr. Ronald Ritucci			Date of Receipt		
	Mailing Address 49 Pond Valley Rd			06 29 7 2006		
	City	State	Zip Code	Transaction ID: R13832		
	Woodbury	CT	06798	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	С		Credit Card		
	Name of Employer Self-Employed	Occupation		Gredit Gard		
		Orthodon				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.00			
	Other (specify) ▼		300.00	1		
				750.00		
Ls	UBTOTAL of Receipts This Page (optional)			700.00		
	<u> </u>					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 53 / 72	
ITEMIZED RECEIPTS		or each category of the	(check only one)	. –		
•••	TI EIMIEED TIEGEII 10		Detailed Summary Page	X 11a 11b	11c   12	
۸۰	w information conicd from auch Departs and Ct	stomonto mos	, not be cold or used by any parce	n for the purpose of coliciti	15 16 17	
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	frict be sold of used by any perso dress of any political committee to	solicit contributions from s	uch committee.	
	NAME OF COMMITTEE (In Full)					
$\rangle$	American Association of Orthodontists	Political Ac	tion Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. W. Scott Robinson			Date of Receipt		
	Mailing Address 509 Thilly	01-1-	7'- 0-1-	06 30	2006	
	Columbia	State	Zip Code	Transaction ID: R1		
	Columbia	MO	65203	Amount of Each Rec	eipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Self-Employed	Occupation Orthodon		Check		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify) ▼	0 0	250.00			
В.	Full Name (Last, First, Middle Initial) Dr. Gary E. Roebuck			Date of Receipt		
	Mailing Address 43 Halley Dr			06 27 2006		
	City State		Zip Code	Transaction ID: R13769		
	Pomona	NY	10970	Amount of Each Rec	eipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Self-Employed	Occupation	1	Credit Card		
	Self-Employed	Orthodon	itist			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify) ▼	0 0				
C.	Full Name (Last, First, Middle Initial) Dr. Lee M. Romine			Date of Receipt		
	Mailing Address 113 Daniel			06 / 29	2006	
	City	State	Zip Code	Transaction ID: R1		
	Natchitoches	LA	71457	Amount of Each Rec	eipt this Period	
	FEC ID number of contributing federal political committee.	С			150.00	
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		300.00			
	Other (specify) 🔻	0 0	300.00			
s	UBTOTAL of Receipts This Page (optional)				650.00	
$\vdash$	,		•			
т	OTAL This Period (last page this line number o	nly)				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 72		
	EMIZED RECEIPTS		or each category of the	(check only one)	
11	II EIVIIZED NECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Association of Orthodontists F	Political Ac	tion Committee		
Α.	Full Name (Last, First, Middle Initial) Dr. Richard G. Rosenbloom			Date of Receipt	
	Mailing Address 36 Angelo Blvd.			06 29 2006	
	City	State	Zip Code	Transaction ID: R13795	
	Poughkeepsie	NY	12603	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		150.00	
	Name of Employer Self-Employed	Occupation		Credit Card	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050,00	1	
	Other (specify)		250.00		
В.	Full Name (Last, First, Middle Initial) Dr. Michael J. Rovner			Date of Receipt	
	Mailing Address 812 38th Street			06 23 7 2006	
	City	State	Zip Code	Transaction ID: R13735	
	West Des Moines	IA	50265	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation Orthodor		Credit Card	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	-	050.00	1	
	Other (specify)	0 0	250.00		
c.	Full Name (Last, First, Middle Initial) Dr. Gregory W. Sanford			Date of Receipt	
	Mailing Address 91 Kettle Creek Rd			06 29 7 2006	
	City	State	Zip Code	Transaction ID: R13798	
	Weston	CT	06883	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation	n	Credit Card	
	Seir-Employed	elf-Employed Orthodontist			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)		250.00	1	
s	UBTOTAL of Receipts This Page (optional)			650.00	
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 72
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Association of Orthodontists F	olitical Ac	tion Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Jeffrey L. Schauder			Date of Receipt
	Mailing Address 912 Gooseberry Ln			06 7 30 7 2006
	City	State	Zip Code	Transaction ID: R13891
	Ellison Bay	WI	54210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		Check
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		
	Other (specify)	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Dr. L. William Schmohl, III			Date of Receipt
	Mailing Address 143 Fernwood			06 29 7 2006
	City	State	Zip Code	Transaction ID: R13778
	San Rafael	CA	94901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		Credit Card
		Orthodon		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial) Dr. Jesse Schroeder			Date of Receipt
•	Mailing Address 4511 Bluffview Blvd			M M / D D / Y Y Y Y
				06 29 2006
	City	State	Zip Code	Transaction ID: R13806
	Dallas	TX	75209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number on	ly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 72 (check only one)  X 11a 11b 11c 12
An or f	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Association of Orthodontists			
Α.	Full Name (Last, First, Middle Initial) Dr. Gregory P. Scott  Mailing Address 425 Quail Hollow Rd  City  Auburndale  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	State FL C Occupation Orthodor Aggregate		Date of Receipt  M M M / D D M 2 0 0 6  Transaction ID: R13660  Amount of Each Receipt this Period  500.00  Credit Card
3.	Full Name (Last, First, Middle Initial) Dr. Stephen E. Searcy Mailing Address 114 Wembley Rd  City Lafayette  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State LA  C  Occupation Orthodor Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Dr. Dona M. Seely  Mailing Address 16730 Shore Dr N E  City Seattle  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State WA  C  Occupation Orthodor Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y  O 5 / 2 6 / 2 0 0 6  Transaction ID: R13711  Amount of Each Receipt this Period  520.00  Check
SI	JBTOTAL of Receipts This Page (optional)			1270.00
T	OTAL This Period (last page this line number o	nly)	<b>)</b>	

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 / 72 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Association of Orthodontists I	Political Ac	tion Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Richard L. Sikora			Date of Receipt
	Mailing Address 2102 Oakwood Ave			06 29 2006
	City	State	Zip Code	Transaction ID: R13797
	Bloomington	IL	61704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation		Credit Card
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. David C. Small			Date of Receipt
	Mailing Address 7769 Pinecone Ln			M M / D D / Y Y Y Y Y O O O O
	City	State	Zip Code	Transaction ID: R13816
	Hickory	NC	28602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		Credit Card
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
— С.	Full Name (Last, First, Middle Initial) Dr. Danny Terry Smith			Date of Receipt
Ο.	Mailing Address 107 Seward St			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: R13825
	Thomasville	GA	31792	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	Credit Card
	Self-Employed	Orthodor		_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00

TOTAL This Period (last page this line number only) .....

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 72 (check only one)  X 11a 11b 11c 12
Any i	information copied from such Reports and Star commercial purposes, other than using the r	atements may	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
N	AME OF COMMITTEE (In Full)  merican Association of Orthodontists			
A. D. M. C. B. F. fee	ull Name (Last, First, Middle Initial) r. Leon E. Souweine lailing Address 72 Broadway ity Bangor EC ID number of contributing ideral political committee.  ame of Employer elf-Employed ecceipt For: Primary General Other (specify)	State ME  C  Occupation Orthodor Aggregate		Date of Receipt  M M Z 9 Z 0 0 6  Transaction ID: R13788  Amount of Each Receipt this Period  250.00  Credit Card
3. D M C C C F fe N S	ull Name (Last, First, Middle Initial) r. Howard Starnbach lailing Address 323 West Fifth St  ity Cincinnati  EC ID number of contributing ideral political committee.  ame of Employer elf-Employed  ecceipt For: Primary General Other (specify)	State OH C Occupation Orthodor Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. D. M. C. D. Fleet Fle	ull Name (Last, First, Middle Initial) r. Malcolm E. (Mac) Steen lailing Address 490 Ridge Blvd lity Deland EC ID number of contributing ederal political committee.  ame of Employer elf-Employed eceipt For: Primary General Other (specify)	State FL  C  Occupation Orthodor Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUE	BTOTAL of Receipts This Page (optional)		·····	750.00
тот	TAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 59 / 72 (check only one)
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Association of Orthodontists F	Political Ac	tion Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Michael G. Steinberg Mailing Address 33 Rippling Brook Dr			Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Short Hills	State NJ	Zip Code 07078	Transaction ID: R13813  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.010	250.00
	Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	Occupation Orthodor Aggregate		Credit Card
3.	Full Name (Last, First, Middle Initial) Dr. Richard K. Stern Mailing Address 6534 Ryanlynn Dr			Date of Receipt
	City	State	Zip Code	0 6 3 0 2 0 0 6  Transaction ID: R13898
	Fairfax Station	VA	22039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 Check
	Name of Employer Self-Employed	Occupation Orthodor		CHECK
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— Э.	Full Name (Last, First, Middle Initial) Dr. Robert S. Strange			Date of Receipt
	Mailing Address 606 Lasswell Ct SW			06 29 2006
	City	State	Zip Code	Transaction ID: R13822
	Leesburg  FEC ID number of contributing federal political committee.	C	20175	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupation Orthodor		Credit Card
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SI	UBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number or	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 72 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
$\rangle$	American Association of Orthodontists F	Political Ac	tion Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Jeri Lynnette Stull			Date of Receipt
	Mailing Address 10 Washington Ave			06 / 29 / 2006
	City Fort Thomas	State KY	Zip Code	Transaction ID: R13824
			41075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		Credit Card
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Donald Ross Taddeo			Date of Receipt
	Mailing Address 2636 Fawnlake Tr			06 29 2006
	City	State	Zip Code	Transaction ID: R13804
	Orlando	FL	32828	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		Credit Card
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
— D.	Full Name (Last, First, Middle Initial) Dr. William J. Thomas			Date of Receipt
	Mailing Address 10128 Wendover Dr			0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R13676
	Vienna	VA	22181	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Self-Employed	Occupation Orthodor		Check
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		350.00	
S	UBTOTAL of Receipts This Page (optional)			850.00
<u> </u>	OTAL This Davisd (last ness this line and	alu)	<u> </u>	
- 1 (	OTAL This Period (last page this line number or	п <b>у</b> )	<b>.</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 61 / 72
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	aress of any political committee to	solicit contributions from such committee.
$  \setminus $	NAME OF COMMITTEE (In Full)	D 1111 1 A		
$\angle$	American Association of Orthodontists I	Political Ac	tion Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Philip J. Tighe			Date of Receipt
	Mailing Address 1920 Nottingham Rd			M M / D D / Y Y Y Y
	011		7: 0 1	06 29 2006
	City	State	Zip Code	Transaction ID: R13805
	Allentown	PA	18103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		Credit Card
	· · · · · · · · · · · · · · · · · · ·	Orthodon		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		250.00	
		1	0 0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) Dr. David V. Tillmanns			Date of Receipt
	Mailing Address 5746 Country Club Pkw	у		M M / D D / Y Y Y Y
		· · · · · · · · · · · · · · · · · · ·		05 17 2006
	City	State	Zip Code	Transaction ID: R13701
	San Jose	CA	95138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
				Check
	Name of Employer Self-Employed	Occupation		Offeck
		Orthodon		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		300.00	
		0 0		
<u>С.</u>	Full Name (Last, First, Middle Initial) Dr. Patricia B. Timmeny			Date of Receipt
	Mailing Address 18 Anthony Dr			M M / D D / Y Y Y Y
				06 29 2006
	City	State	Zip Code	Transaction ID: R13808
	Londonderry	NH	03053	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.			Credit Card
	Name of Employer Self-Employed	Occupation		Gredit Card
		Orthodon		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		250.00	
	☐ Other (specify) ♥			1
Г				
ءِ ا	UBTOTAL of Receipts This Page (optional)			800.00
$\vdash$	COLOTAL OF HOSOIPEO THIS Fago (optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 62/72						
	EMIZED RECEIPTS		or each category of the	(check only one)						
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17						
An	y information copied from such Reports and St	atements may	not be sold or used by any pers	on for the purpose of soliciting contributions						
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.						
$\setminus$	NAME OF COMMITTEE (In Full)									
$\angle$	American Association of Orthodontists	Political Ac	tion Committee							
A.	Full Name (Last, First, Middle Initial) Dr. Luis A. Toro-Lloveras			Date of Receipt						
	Mailing Address Urb Paseo Las Brisas Marbella St #13			04 25 2006						
	City	State	Zip Code	Transaction ID: R13677						
	San Juan	PR	00926	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Self-Employed	Occupation Orthodor		Check						
	Receipt For:		Year-to-Date ▼							
	Primary General	-	500.00	1						
	Other (specify) 🔻	0 0	300.00							
В.	Full Name (Last, First, Middle Initial) Dr. James L. Vaden			Date of Receipt						
	Mailing Address 353 Buck Lake Rd			06 30 7 2006						
	City	State	Zip Code	Transaction ID: R13893						
Cookville				Amount of Each Receipt this Period						
	Cookville	IIN	38506	Amount of Each Receipt this Period						
	Cookville  FEC ID number of contributing federal political committee.	C	38506	250.00						
	FEC ID number of contributing		1							
	FEC ID number of contributing federal political committee.	Occupation Orthodor	1	250.00						
	FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	Occupation Orthodor	n	250.00						
_	FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial)	Occupation Orthodor	n itist Year-to-Date ▼							
	FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	Occupation Orthodor	n itist Year-to-Date ▼	Date of Receipt						
C.	FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. John R. Valant  Mailing Address 6 Turtle Creek Bend	Occupation Orthodor Aggregate	ntist Year-to-Date ▼ 250.00	Date of Receipt  0 6 3 0 2 0 0 6						
C.	FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. John R. Valant	Occupation Orthodor	n itist Year-to-Date ▼	Date of Receipt    Date of Receipt						
 C.	FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. John R. Valant  Mailing Address 6 Turtle Creek Bend  City	Occupation Orthodor Aggregate	ntist Year-to-Date ▼  250.00  Zip Code	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
<b>C</b> .	FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. John R. Valant  Mailing Address 6 Turtle Creek Bend  City Dallas  FEC ID number of contributing	Occupation Orthodor Aggregate	zip Code 75204	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
c.	FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. John R. Valant  Mailing Address 6 Turtle Creek Bend  City Dallas  FEC ID number of contributing federal political committee.	Occupation Orthodor Aggregate  State TX  C  Occupation Orthodor	zip Code 75204	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
C.	FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. John R. Valant  Mailing Address 6 Turtle Creek Bend  City Dallas  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	Occupation Orthodor Aggregate  State TX  C  Occupation Orthodor	Zip Code 75204	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
c.	FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. John R. Valant Mailing Address 6 Turtle Creek Bend  City Dallas  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General	Occupation Orthodor Aggregate  State TX  C  Occupation Orthodor	Zip Code 75204  Zip Code 75204  Year-to-Date ▼	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. John R. Valant Mailing Address 6 Turtle Creek Bend  City Dallas  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General	C Occupation Orthodor Aggregate  State TX  C Occupation Orthodor Aggregate	Zip Code 75204  Zip Code 75204  250.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						

SCHEDULE A (FEC Form 3X)		Lisa sanarata sahadula(a)	FOR LINE NUMBER: PAGE 63 / 72
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)    X   11a     11b     11c   12
			13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Association of Orthodontists	s Political Ac	ction Committee	
Full Name (Last, First, Middle Initial)  A. Dr. Nancy L. Villa			Date of Receipt
Mailing Address 45 Laird Rd			06 30 2006
City Colts Neck	State NJ	Zip Code 07722	Transaction ID: R13910  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		Credit Card
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Grant D. Walton			Date of Receipt
Mailing Address 1224 E McMurray			06 / 30 / 4 2006
City	State	Zip Code	Transaction ID: R13916
Casa Grande	AZ	85222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00  Credit Card
Name of Employer Self-Employed	Occupation Orthodor		Orean Gard
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial)  Dr. Charles K. Wear	1		Date of Receipt
Mailing Address 5350 Idlewood Rd			06 29 2006
City	State	Zip Code	Transaction ID: R13821
Santa Rosa	CA	95404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00  Credit Card
Name of Employer Self-Employed	Occupation Orthodor		Oredit Oatu
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number	only)		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 64 / 72						
	EMIZED RECEIPTS		or each category of the	(check only one)						
••	EMIZED NEOLII 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 F	٦,,					
۸۰	w information applied from quab Paparta and St	totomonto mo	reat he cold or wood by any norce		17					
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
$\rangle$	American Association of Orthodontists	Political Ac	tion Committee							
A.	Full Name (Last, First, Middle Initial) Dr. Robin A. Weeks			Date of Receipt						
	Mailing Address 120 N Windham Rd	0	7: 0 1	06 30 2006						
	City	State	Zip Code	Transaction ID: R13886						
	Windham	СТ	06280	Amount of Each Receipt this Period	_					
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self-Employed	Occupation Orthodon		Check						
	Receipt For:	Aggregate	Year-to-Date ▼	7						
	Primary General		250.00							
	Other (specify) ▼		250.00							
В.	Full Name (Last, First, Middle Initial) Dr. Thomas P. Weirich			Date of Receipt						
	Mailing Address 4315 St Gregory Dr			06 30 7 2006						
	City	State	Zip Code	Transaction ID: R13884						
	Oklahoma City	<u>OK</u>	73120	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self-Employed	Occupation	1	Check						
	Self-Employed	Orthodon	ntist							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼	0 0	250.00							
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Randall C. Welser			Date of Receipt						
	Mailing Address 3867 35th Ave Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: R13837	,					
	Moline	IL	61265	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self-Employed	Occupation Orthodon		Credit Card						
	Receipt For:		Year-to-Date ▼	7						
	Primary General		050.00							
	Other (specify) ▼		250.00							
s	UBTOTAL of Receipts This Page (optional)			750.00						
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т	OTAL This Period (last page this line number of	only)	<b>&gt;</b>							

SCHEDULE A (FEC Forr	n 3X)	Llea caparate cabadula(a)	FOR LINE NUMBER: PAGE 65 / 72
ITEMIZED RECEIPTS	,	Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
Assistance the social town such Dec			13 14 15 16 17
or for commercial purposes, other than	using the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Association of Ortho	odontists Political Ac	ction Committee	
Full Name (Last, First, Middle Initial Dr. Dorothy E. Whalen			Date of Receipt
Mailing Address 777 Remsen's	Ln		06 29 2006
City Oyster Bay	State NY	Zip Code 11771	Transaction ID: R13818
FEC ID number of contributing federal political committee.	C	11//1	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation		Credit Card
	Orthodor	ntist e Year-to-Date ▼	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial 3. Dr. Oliver Lee Willham	) )		Date of Receipt
Mailing Address 233 S 26th			06 30 7 2006
City West Des Moines	State IA	Zip Code	Transaction ID: R13877
FEC ID number of contributing		50265	Amount of Each Receipt this Period
federal political committee.	C		250.00 Check
Name of Employer Self-Employed	Occupation Orthodor		Shook
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial Dr. Cecile Yoon-Tarlie	)		Date of Receipt
Mailing Address 2516 Violet St			0 6 2 7 2 0 0 6
City	State	Zip Code	Transaction ID: R13770
Glenview	IL	60026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor	ntist	Credit Card
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (c	ptional)		750.00
TOTAL This Period (last page this line	e number only)	<b>_</b>	46045.00
		·······	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS			Use separate some or each categor Detailed Summ	y of the `		R LINE eck only 11a 13	y one)	1b [	11c 15	E 66 / 72	17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or use lress of any politica	d by any personal committee to	n for th	ne purp contrib	ose o	f solici	ting con such co	tributions mmittee.	
$\rangle$	NAME OF COMMITTEE (In Full) American Association of Orthodontists P	olitical Ac	tion Committee								
	Full Name (Last, First, Middle Initial) Bill Thomas Campaign Committee  Mailing Address PO Box 395				Г	Date of	Rece	ipt 23	/ Y	<sup>Y</sup> 2 0 0 6	
	City	State	Zip Code		Т	ransa	ction l	i <b>o</b> : R	13718		
	Bakersfield	CA	93302			Amoun	t of Ea	ach Re	ceipt thi	s Period	
	FEC ID number of contributing federal political committee.	C		,		1				5000.0	0
	Name of Employer	Occupation	1		Cr	neck					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	5000.00							

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	5000.00
TOTAL This Period (last page this line number only)	<b>•</b>	5000.00

9	CHEDIII E B /EEC Form 2V	^				
	CHEDULE B (FEC Form 3)	' Use seperate		FOR LINE (check only	NUMBER:	PAGE 67/72
IT	EMIZED DISBURSEMENT			X 21b	7 GNE) □ 22   □ 23   □	24
		Detailed Sum	imary Page	\( \frac{1}{27} \)	$\frac{1}{28a}$ $\frac{23}{28b}$ $\frac{1}{28b}$	28c   29   30b
An	y Information copied from such Reports an	nd Statements may not be	e sold or used			
	for commercial purposes, other than using					
$\setminus$	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Association of Orthodont	tists Political Action C	Committee			
$\mathbb{L}$						
	Full Name (Last, First, Middle Initial)				Transaction ID: D9	43
A.	James R. Bowlin				Date of Disburseme	nt
	Marker Address Control III				0 5 D 0 1	2006
	Mailing Address 2165 Timberline \	Valley Drive			0.5	2000
	City	State Zi	p Code		Amount of Each Dis	bursement this Period
	Wildwood	MO 6	3069			
	Purpose of Disbursement					1634.10
	Candidate Name			Category/		
				Туре		
		Disbursement For:				
	Senate	Primary	General			
	President	Other (specify	▼			
	State: District:					
В.	Full Name (Last, First, Middle Initial)				Transaction ID: D9	• •
ъ.	James R. Bowlin				Date of Disburseme	
	Mailing Address 2165 Timberline	Valley Drive			06 05	2006
		valley brive				
	City		p Code		Amount of Each Dis	bursement this Period
	Wildwood	MO 6	3069			20.00
	Purpose of Disbursement					30.00
	Expense Reimbursement Candidate Name			0.1		
	Candidate Name			Category/ Type		
	Office Sought: House	Disbursement For:		туре		
	Senate	Primary	General			
	President	Other (specify				
	State: District:		<b>,                                    </b>			

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	1664.10
TOTAL This Period (last page this line number only)	•	1664.10

	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s	)		E NUMBE	R:	P	AGE	68 / 7	2	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check or 21b 27	22 28a	X 23 28b	24 28c		25 29	26 30b	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name										
$\rangle$	NAME OF COMMITTEE (In Full) American Association of Orthodontists Pol										
۸.	Full Name (Last, First, Middle Initial) Busby for Congress  Mailing Address 144 West D Street				Date	saction ID of Disburs		Ý Ž(	o ŏ 6	Y	
	•	State Zip Code CA 92024			Amou	int of Each	Disburs	ement	this P	eriod	
	Purpose of Disbursement Contr. Francine Busby (CA-50-D)							1(	0.00	0	
	Candidate Name Francine Busby	ment For: 2006		tegory/ Type							
	Senate	Primary General Other (specify)									
3.	Full Name (Last, First, Middle Initial) Friends of Clay Shaw					saction ID of Disburs					
	Mailing Address 2600 N E 14th Street Cat	useway			06 06 7 2006						
	Pompano Beach	State Zip Code FL 33062			Amou	int of Each	n Disburs			-	
	Purpose of Disbursement Contr. Candidate Name		togon/			• • •	, 5(	0.00	U		
	Clay Shaw, Jr.			tegory/ Type							
	ů X	ment For: 2006 Primary General Other (specify)									
Э.	Full Name (Last, First, Middle Initial) Friends of Clay Shaw				Date	saction ID of Disburs	ement				
	Mailing Address 2600 N E 14th Street Cal	useway			0 <sup>M</sup> 6	M / D	06	ž	o ŏ 6	Y	
	Pompano Beach	State Zip Code FL 33062			Amou	int of Each	n Disburs	-		-	
Purpose of Disbursement Contr.							• • •	, 5(	0.00	U .	
	Candidate Name Clay Shaw, Jr.			tegory/ Type							
	Office Sought: X House Disburse Senate President State: FL District: 22	ment For: 2006 Primary X General Other (specify)									
S	UBTOTAL of Disbursements This Page (optional) .			▶				110	00.0	0	
T	OTAL This Period (last page this line number only)			•							

# SCHEDULE B (FEC Form 3X)

TEMPED DISPUBLICATION	Use seperate schedule(s)		check or				_ F	HGE	69 / /	_	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	F	21b 27	22	2 [	23 28b	24 28c		25 29	П	26 30b
Any Information copied from such Reports and Staten										5	
or for commercial purposes, other than using the name	e and address of any political c	omm	ittee to s	olicit c	ontribu	utions fro	om such	comr	nittee		
NAME OF COMMITTEE (In Full)											
/ American Association of Orthodontists Pol	itical Action Committee										
Full Name (Last, First, Middle Initial)				Tr	ansac	tion ID:	D952				
Friends of Conrad Burns - 2006					ate of I	Disburse		v • v	· · · ·	V	
Mailing Address P O Box 1532					6 "	, 50	6 /	2	0 Ď 6		
City	State Zip Code			Ar	nount	of Each	Disburse	emen	t this F	erio	t
Billings Purpose of Disbursement	MT 59103			- [				5	5000.0	00	٦
Contr.								_		-	_
Candidate Name Conrad Burns			egory/ /pe								
	ment For: 2006										
X Senate X President	Primary General Other (specify) ▼										
State: MT District:	(-  <b>(</b> -  <b>)</b> ) <b>\</b>										
Full Name (Last, First, Middle Initial)				Tr	ansac	tion ID:	D953				
Friends of Conrad Burns - 2006						Disburse		V * V		V	
Mailing Address P O Box 1532					6 M	/ L <sup>B</sup> 0	6 /	ž	0 Ď 6	Y	
City Billings	State Zip Code MT 59103			Ar	nount	of Each	Disburs	emen	t this F	erio	t
Purpose of Disbursement Contr.								5	5000.0	00	_
Candidate Name Conrad Burns			egory/ /pe								
Office Sought:  House  X Senate  President	ment For: 2006 Primary X General Other (specify)										
State: MT District:	Other (specify)										
Full Name (Last, First, Middle Initial) John Lewis for Congress						tion ID:					
Mailing Address PO Box 2323					5 M	/ D	<sup>D</sup> /	Ϋ́Ϋ́	0 ŏ 6	Υ	
Walling Address PO Box 2323					,						
City Atlanta	State Zip Code GA 30301			Ar	nount	of Each	Disburse	emen	t this F	erio	k
Purpose of Disbursement Contr.		_		] L				1	0.000	00	
Candidate Name John Lewis			egory/ /pe								
· —	ment For: 2006 Primary General Other (specify)										
State: GA District: 05	· · · · · · · · · · · · · · · · · · ·										
SUBTOTAL of Disbursements This Page (optional)		<u></u>	. ▶					11	0.00	0	
TOTAL This Period (last page this line number only)				Γ			•		•		٦

# SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s)	(check on	: NUMBER:		PAGE	: /0 / /:	2
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 <u> </u>	24 28c	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam							•
<ul> <li>NAME OF COMMITTEE (In Full)</li> </ul>	and address of any political co	minitiee to St	mon continuu	11011 611011	Such COII	EE	
American Association of Orthodontists Po	itical Action Committee						
Full Name (Last, First, Middle Initial)				tion ID: D	-		
McCrery for Congress			Date of D	Disbursement		V V	V
Mailing Address 1900 Deposit Guaranty 333 Texas Street	Tower		0 4	<sup>/</sup> 20		ž 0 ŏ 6	
City Shreveport	State Zip Code LA 71101		Amount	of Each Di	sburseme	nt this P	eriod
Purpose of Disbursement	// // // // // // // // // // // // //					5000.0	0
Contr.							
Candidate Name Jim McCrery		Category/ Type					
Senate X President	ement For: 2006 Primary General Other (specify)						
State: LA District: 04							
Full Name (Last, First, Middle Initial)  3. Paula Hollinger for Congress			Date of D	tion ID: D	ent		
Mailing Address P.O. Box 5861			0 4	19	/ Y	ž 0 ŏ 6	Y
City Baltimore	State Zip Code MD 21282		Amount	of Each Di			-
Purpose of Disbursement Contr.			L			1000.0	0
Candidate Name Paula Hollinger		Category/ Type					
X X	ement For: 2006 Primary General Other (specify)						
Full Name (Last, First, Middle Initial)			Troncos	tion ID. D	046		
Rangel 2004 Committee				tion ID: D	ent	v · v	V
Mailing Address PO Box 5577 Manhattanville Sta			0 5	19		ž 0 ŏ 6	
City New York	State Zip Code NY 10027		Amount	of Each Di	sburseme		-
Purpose of Disbursement Contr.						1000.0	0
Candidate Name Charles B. Rangel	-	Category/ Type					
	ement For: 2006 Primary General Other (specify)						
SUBTOTAL of Disbursements This Page (optional)				• •	•	7000.0	0
						-	=
TOTAL This Period (last page this line number only)			L				

_	OUEDIUED (EEGE OV			
50	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	-	NUMBER: PAGE 71/72
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	
		Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Λn	y Information copied from such Reports and S	Statements may not be sold or used		
	for commercial purposes, other than using the			
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Association of Orthodontists	s Political Action Committee		
/				
	Full Name (Last, First, Middle Initial)			Transaction ID: D945
۹.	Richard Pombo for Congress			Date of Disbursement
	NACTOR Address COST OF THE COST			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	Mailing Address 28375 South Chrism	03 13 2000		
	City	State Zip Code		Amount of Each Disbursement this Period
	Tracy	CA 95304		
	Purpose of Disbursement			1000.00
	Contr.			
	Candidate Name Richard W. Pombo		Category/	
			Туре	
	Office Sought: X House Dis	sbursement For: 2006  X Primary General		
	President	Other (specify)		
	State: CA District: 11	Other (specify)		
	Full Name (Last, First, Middle Initial)			Transaction ID: D940
3.	Todd Akin for Congress			Date of Disbursement
				M M / D D / Y Y Y
	Mailing Address PO Box 31222			0 4 6
	City	State Zip Code		Amount of Each Disbursement this Period
	St Louis	MO 63131		
	Purpose of Disbursement			1000.00
	Contr.			
	Candidate Name Todd Akin		Category/	
		shura amant Fare 0000	Туре	
	Office Sought: X House Dis	sbursement For: 2006 Primary X General		
	President	Other (specify)		
	State: MO District: 02	Other (apoonly) \		

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	<b>•</b>	31000.00

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50	CHEDULE B (FEC Form 3X)	Use seperate schedule(s) for each category of the Detailed Summary Page		NUMBER: PAGE 72/72
IT	EMIZED DISBURSEMENTS		(check only	y one) 
		Detailed Summary Fage	27	28a 28b 28c X 29 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name	•		
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Association of Orthodontists Pol	litical Action Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: D947
٩.	Kevin T. Coyle DMD PA	Date of Disbursement		
	Mailing Address 295 Princeton-Highstown		05	
	City West Windsor	State Zip Code NJ 08550		Amount of Each Disbursement this Period
	Purpose of Disbursement Refund to Individual	33333	· ·	50.00
	Candidate Name		Category/ Type	
	Office Sought: House Disburse Senate President	ement For:  Primary General  Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)					 50.00
TOTAL This Period (last page this line number only)	<u> </u>				50.00